

Case Number:	CM14-0071367		
Date Assigned:	07/14/2014	Date of Injury:	09/27/2011
Decision Date:	08/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44 year old male who was injured on 09/27/2011. The mechanism of injury is unknown. Prior treatment history has included Lidocaine 5% ointment, Dilaudid, Ranitidine, Prozac, Lethocarbamol, Skelaxin, Mirtazapine, Ibuprofen, and Exalgo Er. The patient underwent H-wave treatment which was helpful; and home exercise program. Visit note 2/12/2014 indicates the patient presented with complaint of low back. He reports medications prescribed are providing meaningful degree of pain relief. Physical examination documents the patient appears alert and oriented without overt signs of intoxication or sedation, gait and movements are within baseline of level of function, and neurologically intact. The treatment plan includes continuation of medication regimen. Visit note 03/19/2014 indicates the patient presented with complaints of worse pain. He would like to start pool exercise program. He noted the H-wave machine was helpful in alleviating the pain and reduce the opiate requirements. He also complains of low back pain. He reports his medication regimen remains stable and that the analgesic medications are providing pain relief and increased activity tolerance. There was no exam for review. He is diagnosed with lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis or radiculitis, depressive disorder, and sleep disturbances. The treatment plan included anti-inflammatory medication, long acting opioid medication, peripheral muscle relaxant, mood enhancing medications, and topical agents. Prior utilization review dated 04/24/2014 states the request for H-wave trial x30 days is not certified as there is no documented evidence of functional improvement and Pool Physical Therapy (PT) x 3 months is denied as there is documented functional improvement following completion of prior sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

H wave trial x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, H-wave stimulation (HWT).

Decision rationale: According to the guidelines, H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure to respond to conventional therapy, including physical therapy, medications, and TENS. Failure of standard therapy have not been established in this case. The medical records do not establish this patient has diabetic neuropathic pain, or chronic soft tissue inflammation, with failure to respond to all conventional therapies. The patient reports benefit with his medication regimen. In addition, the medical records do not reveal notable or clinically significant reduction in pain and improved function as result of prior H-wave use. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Pool Physical Therapy (PT) x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pool Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Aquatic therapy Page(s): 98-99,22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Aquatic therapy.

Decision rationale: According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The patient had undergone aquatic therapy in December 2013, and the medical records do not establish he obtained no notable gains with prior pool therapy. In the absence of any discernible benefit with prior care, additional treatment would not be recommended. In addition, the medical records document this patient has good functional strength, normal gait, and is neurologically intact. He should be able to tolerate land-based activities within a self-directed home exercise program, of which he should be very well-versed to perform at this point. Based on the referenced guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

