MAXIMUS Federal Services

Case Number:	CM14-0089670		
Date Assigned:	09/10/2014	Date of Injury:	03/10/2006
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 48 year old female with an injury date of 03/10/06. Based on 04/03/14 progress report provided by [redacted], the patient complains of chronic low back pain, is status post lumbosacral fusion and has bilateral knee pain. MRI of right knee revealed a tear (date unspecified). Patient is temporarily totally disabled, awaits psychological treatment and tens unit. Progress report dated 05/30/14 states that patient trialed H-wave from 04/10/14 - 04/29/14 for low back pain. Patient reported decrease in the need for oral medication, increased ability to perform daily activities and greater overall function. Physical Examination 04/03/14Lumbar Spine:- tenderness to palpation, spasm and pain over lumbar musculature- pain and decreased sensation L5-S1- positive Lasegue, Wadell and straight leg raise bilaterally- Positive rotation, soft tissue palpation and axial compressionKnees:- tenderness to palpation at the joint line- patellofemoral crepitation- clinical bilateral meniscal tears. Diagnosis 04/03/14:- status post lumbosacral fusion with recent hardware removal- lumbar discogenic disease- chronic low back pain- intractable pain- history of two surgeries on the left knee- right knee internal derangement. [redacted] is requesting: 1. Behavioral therapy once a week for 3 months 2. Synvisc Injection 3. 30 days of an H-wave trial. The utilization review determination being challenged is dated 06/09/14. The rationale follows: 1. Behavioral therapy once a week for 3 months: patient has complaints of low back and knee, therefore request is not medically necessary. 2. Synvisc Injection: ODG criteria for osteoarthritis not met3. 30 days of an H-wave trial: no documentation of TENS trial. [redacted] is the requesting provider, and he has provided treatment reports from 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral therapy once a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavior Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

Decision rationale: Patient complains of chronic low back and bilateral knee pain. The request is for Behavioral therapy once a week for 3 months. MTUS support cognitive behavioral therapy for chronic pain, but for initial trial of 3-4 sessions and no more than 10 sessions with progress. The current request is for 12 sessions of individual therapy which exceeds what is allowed by MTUS. The request is not medically necessary.

Synvisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections (http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections)

Decision rationale: Patient complains of chronic low back and bilateral knee pain. The request is for Synvisc Injection. Per progress report dated 04/03/14, physical examination to the knees show tenderness to palpation at the joint line, patellofemoral crepitation and clinical bilateral meniscal tears. ODG-TWC guideline has the following regarding hyaluronic acid injections:"Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria..." Review of reports do not show documented evidence of severe osteopathic arthritis. Request does not meet ODG criteria. The request is not medically necessary.

30 days of an H-wave trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: Patient complains of chronic low back and bilateral knee pain. The request is for 30 days of an H-wave trial. Progress report dated 05/30/14 states that patient trialed H-wave from 04/10/14 - 04/29/14 for low back pain. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered ...only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Patient reported decrease in the need for oral medication, increased ability to perform daily activities and greater overall function per progress report dated 05/30/14. However, review of reports do not show documentation that patient has trialed transcutaneous electrical nerve stimulation. There is mention in progress report dated 04/03/14 that "patient awaits tens." Request does not meet MTUS guidelines. The request is not medically necessary.