

<b>Case Number:</b>	CM14-0195583		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	11/30/2006
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, 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:

This patient is a 60 year old female with a date of injury of 11/30/06. According to treatment report dated 10/31/13, the patient presents with neck pain radiating down both shoulder with "horrible" muscle spasms. She report pain as 4-5/10 today. She reports that she cannot open jars and has difficulty preparing meals without assistance. On examination, she has significant hypertonicity and tenderness to palpation to her rhomboids bilaterally, right more than left. She has decrease range of motion at her cervical spine in all planes. There is decreased grip strength bilaterally to both hands. Report 10/2/14 notes that the patient continues with upper extremity complaints. There is decreased sensation in the C6 dermatome and restricted ROM due to pain. The listed diagnoses are:1. s/p cervical fusion with cervical radiculitis2. cervical facet syndrome3. history myofascial pain Treatment plan is for new rx Flexeril, refill of current medications and follow up in 4 weeks. This is a request for aqua therapy x 6 and H-wave trial. The Utilization review denied the request on 11/18/14. Treatment reports from 9/5/13 through 10/4/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy sessions QTY: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical medicine Page(s): 22, 98-99.

**Decision rationale:** MTUS Guidelines, page 22, Aquatic therapy: "Recommended as an optional form of exercise therapy, where available, 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. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The treater has not discussed the need for weight-reduced exercises or extreme obesity to qualify the patient for water therapy. This request is not medically necessary.

**H-wave Trial QTY: 30.00 (days):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** MTUS Guidelines state, "H-wave is not recommended as an isolated intervention, but a 1-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 of initial recommended conservative care." In this case, the treater does not discuss prior use of the TENS unit. It was listed as a prior treatment on the requesting progress report. MTUS requires "failure" of a TENS unit prior to initiating a trial of the H-wave unit. Given there is no discussion of such, the requested H-wave trial is not medically necessary.