

Case Number:	CM15-0000008		
Date Assigned:	01/09/2015	Date of Injury:	04/11/2013
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 31 year old male, who sustained an industrial injury on April 11, 2013. He has reported a low back injury with continuing symptoms including constant low back pain radiating down both legs along with tightness and numbness in his neck and shoulders. The diagnoses have included neck pain, pain in thoracic spine, disorders sacrum, sciatica and tension headache. Treatment to date has included physical therapy, TENS unit, H-Wave machine and medications. Currently, the injured worker complains of significant pain in the low back and into both hips. The pain was worse with walking, bending and climbing stairs. He has neuropathic symptoms into both feet down both legs. He described this as electrical sensations as well as some tingling. He has sharp shooting pain into the inner thighs. He stated that his physical therapy has been helping with the pain. His TENS unit provides pain relief for about 30 minutes to an hour. An H-Wave machine helps the pain for up to 4 hours at a time. On December 16, 2014, Utilization Review non-certified a trial of H-Wave Unit x 30 days and additional physical therapy x 12 sessions, noting the MTUS Guidelines. Psychiatry follow-up visits were partially certified at six sessions. On December 31, 2014, the injured worker submitted an application for IMR for review of trial of H-Wave Unit x 30 days, additional physical therapy x 12 sessions and psychiatry follow-up visits x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of H-wave unit x 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation, TENS Page(s): 117-118.

Decision rationale: Regarding the request for H-wave trial, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation, the patient is noted to get 30-60 minutes of pain relief with TENS use and 4 hours with H-Wave use. However, there is no clear indication that a formal trial of TENS has been performed according to the recommendations of the CA MTUS (including documentation of how often the unit was used and outcomes in terms of pain relief, function, and medication usage) prior to consideration for H-Wave. In the absence of such documentation, the currently requested H-Wave trial is not medically necessary.

Additional physical therapy sessions x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Psychiatry follow-up with 10 visits for medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Office Visits

Decision rationale: Regarding the request for psychiatry follow-up with 10 visits for medication management, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient has psychological conditions including depression and anxiety for which follow-up visits with a psychiatrist for medication management appear appropriate. However, as with any form of treatment, periodic assessment for efficacy and continued need is necessary. While a few sessions would be appropriate (as was recommended in the utilization review that modified the request to certify 6 sessions), the request as written for 10 sessions is not conducive to such periodic assessment and, unfortunately, there is no provision for modification of the current request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested psychiatry follow-up with 10 visits for medication management is not medically necessary.