

Case Number:	CM15-0146482		
Date Assigned:	08/07/2015	Date of Injury:	08/02/2012
Decision Date:	09/11/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 33 year old female, who sustained an industrial injury on 8-2-2012. She reported low back pain from heavy lifting activity. Diagnoses include lumbar disc displacement without myelopathy, lumbar disc degeneration, and chronic pain syndrome. Treatments to date include activity modification, medication therapy, physical therapy, completion of a restoration program, and psychotherapy. Currently, she complained of ongoing low back pain with radiation to the right lower extremity, depression and occasional suicidal thoughts. On 7/1/15, the physical examination documented tenderness and muscle spasms in lumbar muscles with decreased range of motion. The plan of care included six additional sessions of myofascial massage therapy and H-Wave unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial/massage therapy x 8 sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for Myofascial/massage therapy x 8 sessions for the lumbar spine, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. They also state that treatment dependence should be avoided. Within the documentation available for review, there is indication as to the number of massage therapy visits the patient has previously undergone and there is documentation of improved sitting tolerance from 10 mins to 20 mins, from the therapy sessions already authorized. However, there is no documentation of decreased medication use and none of the other goals were met. Additionally the patient has already had the recommended limit of 6 visits in most cases and it is unclear how treatment dependence is being avoided. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.

H-wave unit for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, 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 there is no indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device is not medically necessary.