

Case Number:	CM15-0149297		
Date Assigned:	08/12/2015	Date of Injury:	04/03/2006
Decision Date:	09/15/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 49-year-old female, who sustained an industrial injury on April 3, 2006, incurring neck and back injuries from repetitive job duties. She was diagnosed with a wrist sprain, upper extremity subluxation, and cervical spine strain from repetitive stress. Treatment included physical therapy and home exercise program, chiropractic sessions, acupuncture, medication management, Cognitive Behavioral Therapy, psychotherapy and work modifications. Currently, the injured worker complained of continued pain throughout the cervical spine radiating to the shoulders and upper extremities. She noted low back pain radiating down into the legs worsened with prolonged sitting and repetitive work with her upper extremities. The treatment plan that was requested for authorization included physical therapy for 12 sessions and NexWave by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Nex Wave by [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Records indicate that the patient continues to complain of pain throughout the cervical spine radiating to the cervicobrachial region, chest and periscapular region. She also complains of low back pain traveling to the buttocks and lower extremities. The current request is for Nex Wave by [REDACTED]. The treating physician states that the patient had a recent visit to physical therapy and the therapist did recommend a trial of treatment with a muscular stimulation unit. A trial was provided and she noted some increased range of motion, thus the treating physician feels a trial of [REDACTED] Nexwave muscle stimulation is appropriate. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one- month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." In this case, there is documentation that the requested unit is not an isolated treatment as the reports provided indicate pain medications, and physical therapy have been requested. There is no discussion that the patient meets the other selection criteria listed above. Furthermore, the request does not ask for a one-month trial, as such the available records are not medically necessary.

Physical therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Records indicate that the patient continues to complain of pain throughout the cervical spine radiating to the cervicobrachial region, chest and periscapular region. She also complains of low back pain traveling to the buttocks and lower extremities. The current request is for Physical Therapy x 12. The treating physician states that the patient had a recent physical therapy visit noted subjective improvement of her pain and an ability to remain at work with longer time on task, working continuously at a computer worksite by around 25%. MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of available records show the patient has already exceeded 24 physical therapy sessions. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the reasons for the requested additional therapy other than to say that the patient felt some improvement after a recent physical therapy session. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is

allowed by MTUS guidelines. As such, the available medical records do not establish medical necessity for an additional 12 physical therapy sessions. This request is not medically necessary.