

Case Number:	CM15-0180616		
Date Assigned:	09/22/2015	Date of Injury:	06/03/2014
Decision Date:	11/03/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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

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 47 year old female, who sustained an industrial injury on 6-3-14. The injured worker was diagnosed as having C5-C6 herniation with neuroforaminal stenosis, L4-L5 disc herniation with bilateral neuroforaminal narrowing and a small disc herniation at L5-S1. The physical exam (3-2-15 through 7-8-15) revealed 6-7 out of 10 pain and decreased cervical and lumbar range of motion. Treatment to date has included a TENS unit with no success in pain relief, an H-wave unit with benefit (since at least 3-2015), physical therapy in 2014 and Methocarbamol (since at least 7-30-15). As of the PR2 dated 8-5-15, the injured worker reports increased pain in her neck and low back. She also indicated numbness and tingling in the hands and feet. She was given Methocarbamol and Tramadol by the emergency room physician and noted that the Methocarbamol was successful in reducing her pain, but Tramadol gave her side effects. Objective findings include decreased cervical and lumbar range of motion. The treating physician requested an H-wave unit for home use, physical therapy 2 x weekly for 3 weeks and Methocarbamol 750mg #60 x 2 refills. The Utilization Review dated 8-13-15, non-certified the request for an H-wave unit for home use, physical therapy 2 x weekly for 3 weeks and Methocarbamol 750mg #60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with ongoing pain in her neck and low back. The request is for H-wave unit for home use. The request for authorization is not provided. Physical examination of the thoracolumbar spine reveals range of motion is reduced. Sensory examination of the lower extremities is normal except for diffuse loss of sensation in bilateral feet, left worse than right. Per progress report dated 09/02/15, the patient is returned to modified work. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H- Wave stimulation has the following: "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 non-invasive 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...and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) 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. Per progress report dated 08/05/15, treater states "The patient has tried using a TENS Unit in the past, however the TENS unit was not successful in alleviating her pain and symptoms." In this case, given the previous failed TENS trial, the use of a H-Wave Unit would appear reasonable. However, per progress report dated 09/02/15, treater states, "More conservative measures of treatment have failed to improve the patient's condition, medication, therapy, home exercise program and use of an H-wave." In this case, treater does not discuss or explain why he is requesting a treatment that has failed. Therefore, the request IS NOT medically necessary.

Physical therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with ongoing pain in her neck and low back. The request is for physical therapy 2X3. The request for authorization is not provided. Physical examination of the thoracolumbar spine reveals range of motion is reduced. Sensory examination of the lower extremities is normal except for diffuse loss of sensation in bilateral feet, left worse than right. Per progress report dated 09/02/15, the patient is returned to modified work. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for

"Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 08/05/15, treater's reason for the request is "The patient is having a flare-up of her condition and would benefit from therapy. Since physical therapy has been successful in the past but the patient remains symptomatic." Physical therapy treatment history is not provided for review and the patient continues with pain in her neck and low back. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per progress report dated 07/08/15, treater notes "The patient has had extensive conservative care, including physical therapy, chiropractic care, and acupuncture. I explained to her that she exceeds the allowable limits and additional therapy will not be requested." In this case, it appears any additional physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

Methocarbamol 750mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with ongoing pain in her neck and low back. The request is for Methocarbamol 750mg #60 x 2 refills. The request for authorization is not provided. Physical examination of the thoracolumbar spine reveals range of motion is reduced. Sensory examination of the lower extremities is normal except for diffuse loss of sensation in bilateral feet, left worse than right. Per progress report dated 09/02/15, the patient is returned to modified work. MTUS page 63-66 Muscle relaxants (for pain) Section states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS page 63-66 antispasmodics Section for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Per progress report dated 08/05/15, treater's reason for the request is "The patient reports that she received Methocarbamol at the hospital, which was helpful in alleviating her pain and symptoms." In this case, MTUS guidelines recommend non-sedating muscle relaxants for short-term use. However, Methocarbamol has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for Methocarbamol #60 X 2 Refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.