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| Case Number: | CM15-0188739 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 10/08/2012 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/07/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 45 year old female, who sustained an industrial injury on 10-8-12. The injured worker is being treated for lumbar spine sprain-strain with symptomatic spondylosis and right lumbar fasciitis-facet syndrome. Treatment to date has included medial branch blocks, topical creams, transcutaneous electrical nerve stimulation (TENS) unit (which provides relief, but wears off within 30 minutes) and activity modifications. Physical therapy was recommended; however not certified. On 9-2-15, the injured worker complains of moderate to severe in low back rated 5-6 out of 10. Work status is noted to be modified duties. Physical exam performed on 9-2-15 revealed restricted range of motion of lumbar spine, moderate muscle spasm and tenderness to palpation of lumbar paraspinals. The treatment plan included request for prescription of Voltaren gel 2% 300gm, chiropractic care 12 sessions and H-wave unit. On 9-7-15 request for Voltaren gel 2% 300gm and H-wave unit were non-certified by utilization review and chiropractic care 12 sessions was modified to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 2% 300gm: 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): Topical Analgesics.

Decision rationale: The patient presents with low back pain rate 5-6/10. The request is for VOLTAREN GEL 2% 300GM. The request for authorization is not provided. MRI of the lumbar spine, 07/17/15, shows degenerative facet joint disease; no significant canal or neural foraminal stenosis. Physical examination reveals decreased range of motion. Positive moderate muscle spasm presented with tenderness to palpation to the lumbar paraspinals. The TENS unit provides relief when used but wears off within 30 min. The patient's work status is not provided. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Per progress report dated 08/31/15, treater's reason for the request is "for Inflammation." This appears to be the initial trial prescription for Voltaren Gel. The patient continues to suffer from moderate to severe low back pain. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. Therefore, the request is not medically necessary.

12 Chiropractic session to the lumbar spine: 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): Manual therapy & manipulation.

Decision rationale: The patient presents with low back pain rate 5-6/10. The request is for 12 chiropractic session to the lumbar spine. The request for authorization is not provided. MRI of the lumbar spine, 07/17/15, shows degenerative facet joint disease; no significant canal or neural foraminal stenosis. Physical examination reveals decreased range of motion. Positive moderate muscle spasm presented with tenderness to palpation to the lumbar paraspinals. The TENS unit provides relief when used but wears off within 30 min. The patient's work status is not provided. MTUS Guidelines, pages 58-59, chronic pain medical treatment guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6

months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater does not discuss the request. Review of provided medical records do not indicate prior Chiropractic treatment. The patient continues with moderate to severe low back pain. Given the patient's condition, a short course of chiropractic treatment would be appropriate. However, MTUS allows a trial of 6 visits over 2 weeks with evidence of objective functional improvement. The request for 12 sessions of Chiropractic Therapy exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

30 Day trial use of H-wave unit: Overturned

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 low back pain rate 5-6/10. The request is for 30 day trial use of h-wave unit. The request for authorization is not provided. MRI of the lumbar spine, 07/17/15, shows degenerative facet joint disease; no significant canal or neural foraminal stenosis. Physical examination reveals decreased range of motion. Positive moderate muscle spasm presented with tenderness to palpation to the lumbar paraspinals. The TENS unit provides relief when used but wears off within 30 min. The patient's work status is not provided. 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 08/31/15, treater's reason for the request is "(Due to no significant relief from use of TENS unit) to relieve pain and restore function." In this case, given the previous failed TENS trial, the use of a H-Wave Unit appears reasonable. MTUS supports a 1-month home-based trial of H-wave stimulation. Therefore, the request is medically necessary.