

Case Number:	CM15-0198406		
Date Assigned:	10/13/2015	Date of Injury:	03/11/2010
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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:

This is a 61 year old male with a date of injury of March 11, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic disease. A progress note dated August 24, 2015 documented that the injured worker reported he was doing better with physical therapy with significant improvement in range of motion. Per the treating physician (August 24, 2015), the employee was permanently disabled. The physical exam dated March 31, 2015 reveals decreased range of motion of the lumbar spine, pain in the low back radiating to the bilateral lower extremities with range of motion, positive straight leg raise on the right, and decreased reflexes on the right knee and ankle. No other objective findings were documented in the submitted records. Treatment has included at least eight sessions of physical therapy, back surgery, and medications (Gabapentin, Tramadol, and Cyclobenzaprine since at least January of 2015). The original utilization review (September 16, 2015) non-certified a request for eight sessions of physical therapy for the lumbar spine and an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has had an unknown number of previous physical therapy sessions over the past 5 years. An additional 8 visits were approved on 7/15/15 to provide education on a home exercise program. There is no indication for another 8 sessions, therefore, the request for physical therapy 2x4 for the low back is not medically necessary.

H-Wave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, there is no evidence of a one month trial with H-wave or TENS, therefore, the request for H-Wave is not medically necessary.