

Case Number:	CM14-0135343		
Date Assigned:	08/29/2014	Date of Injury:	08/25/2013
Decision Date:	10/08/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year old female who reported injury on 08/25/2013 due to carrying heavy tools. The injured worker had diagnoses of lumbosacral spondylosis without myelopathy, carpal tunnel syndrome, cervical spine spondylosis with myelopathy, and osteoarthritis unspecified site. The past medical treatment included medications, physical therapy, chiropractic care, psychotherapy, and a transcutaneous electrical nerve stimulation (TENS) unit. Diagnostic testing included x-rays, MRIs of the cervical and lumbar spine, and Electromyography/ Nerve Conduction Velocity (EMG/NCV) of upper extremities on 07/09/2014. Surgical history was not provided. The clinical note dated 08/22/2014 noted the injured worker complained of pain rated 8/10 on average and 6/10 when controlled, which was of burning, sharp, and throbbing qualities, accompanied by a sensation of pins and needles to the back. The physician noted lying down, standing, and sitting increased pain. The injured worker had 5/5 strength to the bilateral upper extremities, except grip bilaterally, which was 4/5. The injured worker had full range of motion to the neck with pain, as well as tenderness to palpation with trigger points and a positive twitch response and palpable bands in the bilateral cervical spine and upper thoracic paraspinal areas. Medications included ibuprofen, anaprox DS 550mg, Ultram 50mg tab, Norco 10/325mg tab, Prilosec 20mg cap. The treatment plan was for additional outpatient therapy two times a week for four (4) weeks qty: 8(body part not provided), and trial of H-wave unit for 30 days. The rationale for the request was not provided. The request for authorization form was submitted on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy two (2) times a week for four (4) weeks QTY: 8 (body part not provided): Upheld

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

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

Decision rationale: The request for additional outpatient therapy two (2) times a week for four (4) weeks qty: 8 (body part not provided) is not medically necessary. The injured worker had a diagnosis of lumbosacral spondylosis without myelopathy, carpal tunnel syndrome, cervical spine spondylosis with myelopathy, and osteoarthritis unspecified site. The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. Therefore the request for additional outpatient therapy two (2) times a week for four (4) weeks qty: 8 (body part not provided) is not medically necessary.

Trial of H-wave unit for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: The request for H-wave unit is not medically necessary. The injured worker had a diagnosis of lumbosacral spondylosis without myelopathy, carpal tunnel syndrome, cervical spine spondylosis with myelopathy, and osteoarthritis unspecified site. The past medical treatment included medications, physical therapy, and chiropractic care, psychotherapy, TENS. The California MTUS guidelines note the use of 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 TENS. Prior to a one month trial the guidelines recommend there must be documentation of pain and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The injured worker has participated in physical therapy and has had TENS unit therapy. There is no clinical documentation indicating the H-unit is being used to treat diabetic neuropathic pain or chronic

soft tissue inflammation. There is a lack of documentation indicating the injured worker has failed treatment with a TENS unit. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for H-wave is not medically necessary.