

<b>Case Number:</b>	CM14-0162790		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/09/1993
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 a 45-year-old female who reported an injury on 08/09/1993. The mechanism of injury was not provided. The injured worker's diagnoses included late effect of spinal cord injury, cervical right sided spinal cord injury status post epidural injection on 07/06/2012, right hemisensory deficit, ataxic gait, and back pain/spasm. Past treatments included physical therapy, H wave unit, acupuncture, and medications. Diagnostic testing included a cervical MRI in 09/2014; the results of this exam were not made available for review. Surgical history was not provided. The physical therapy note dated 09/18/2014 indicated the injured worker complained of cervical spine pain rated 4/10 to 7/10. The physical therapist noted the injured worker demonstrated improved lower extremity endurance and decreased pain, but continued to have decreased upper extremity strength. The clinical note dated 08/14/2014 indicated that current medications included Soma 350 mg, Dilaudid 2 mg, Ambien 5 mg, Robaxin 750 mg, and Traumeel cream. The treatment plan included 16 sessions of physical therapy and an H wave trial. The rationale for the treatment plan was to optimize gait and reduce pain. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis to include 8 to 10 visits over 4 weeks. The injured worker recently completed 12 visits of physical therapy in 09/2014. There is a lack of documentation of quantified values for motor strength and range of motion in the most recent physical therapy note to allow for the comparison of values obtained prior to the start of physical therapy. There is a lack of exceptional factors to indicate the need to exceed the guideline recommendations for the number of physical therapy sessions. Additionally, the request does not specify the body parts to be addressed during physical therapy. Therefore, the treatment plan cannot be supported at this time, and the request for 16 Sessions of Physical Therapy is not medically necessary.

**H-Wave Trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): pages 117-118..

**Decision rationale:** The California MTUS Guidelines indicate that 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 chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only after failure of initially recommended conservative care (including TENS). The physical therapy note dated 09/16/2014 indicated the injured worker stated the H wave was helping during sitting. There is a lack of clinical documentation of the previous trial of the H wave unit, including the length of the trial, quantified pain relief, functional improvement, and a decrease in medication use. Therefore, the treatment plan to continue the H wave trial cannot be supported at this time, and the request for H-Wave Trial is not medically necessary.