

Case Number:	CM14-0213724		
Date Assigned:	12/31/2014	Date of Injury:	05/06/2013
Decision Date:	02/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is a 46 year old male with an injury date of 05/06/13. Per the 12/11/14 and 11/13/14 reports the patient presents with ongoing pain in the neck, back and right knee rated on average 7/10 over the last week. Worst pain is 10/10 and is intermittent and lasts less than 1/3 of the day. Associated symptoms includes spasms, headaches and locking of the knee. The patient's sleep is disturbed and he has mood swings. The patient also presents with twitching in the left corner of the eye and left hand daily with episodes lasting 1-3 minutes. Twitching also occurs in the right lower back and left shoulder. The patient is on modified duty. Examination reveals moderate swelling at the right knee with crepitus. There is tenderness to palpation at the medial joint line and palpated trigger points in the upper and lower trapezius, splenius captis and gluteus medius bilaterally. The cervical spine has limited range of motion due to pain. The left hand digits 1-2 show parenthesis to light touch. The following tests are positive: Cervical spine: Spurling's; Shoulders: Adson's on the left, Hips: SI joint compression; Neurological slump test. The patient's diagnosis include: 1. Sprains/strains of the neck 2. Sprains/strains thoracic region 3. Myofascial pain/myositisThe patient has tried H-wave therapy (60-80% relief), acupuncture (60-80% relief), TENS (40-60% relief) and medications (60-80% relief). A surgical second opinion for the right knee is requested along with a customized brace. The treatment goals include to avoid surgery. Current medications are listed as Norco, Cyclobenzaprine and Lyrica. The utilization review is dated 12/16/14. Reports were provided for review from 05/13/14 to 12/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave machine trial (days) Qty: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave devices. Page(s): 117.

Decision rationale: The patient presents with ongoing neck, back and right knee pain with associated headaches, sleep disturbance and mood swing. The patient also complains of twitching in the corner of the left eye and left hand. The current request is for H-Wave machine trial (days) Qty: 30.00 per the 11/13/14 report and 12/08/14 RFA. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The 11/13/14 report states the request of this unit is in order to decrease muscle spasticity, specifically targeting the shoulder and for decreasing inflammation for improvement and improving circulation to the region. The reports provided show that the patient has been treated with medications, acupuncture treatment and has utilized a TENS unit for at least 30 days. The 12/11/14 report mentions use of an H-Wave unit; however, this report is post the utilization review date. The unit is indicated for neuropathy which is present in the patient and conservative care and trial of TENS is documented. MTUS allows a 30 day trial. The request IS medically necessary.

Acupuncture Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines. Page(s): 13.

Decision rationale: The patient presents with ongoing neck, back and right knee pain with associated headaches, sleep disturbance and mood swing. The patient also complains of twitching in the corner of the left eye and left hand. The current request is for Acupuncture Qty: 10.00 per the 11/13/14 report and 12/08/14 RFA. 9792.24. 1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months(D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The 11/13/14 report cites follow up for acupuncture 6 sessions. Recent reports show the patient has received 60-80% relief from acupuncture treatments. Reports provided show the patient completed 19 sessions of acupuncture treatment from some time before 06/14/14 until 10/23/14 for treatment of neck, shoulder and upper extremity pain. The

treater states that the patient feels additional conservative treatment including acupuncture is needed. The acupuncture treatment report of 09/19/14 shows reduction in pain from 6/10 to 5/10 instead of the 60 to 80% cited above. Decreased frequency of pain with improved muscle stiffness, circulation and energy is noted. The report of 10/15/14 also cites reduction in pain from 6/10 to 5/10 and states the patient's symptoms have some improvement but have not stabilized. The reports provided show improvement in most categories of functional status by 1 point out of 10 between 06/12/14 and 11/13/14 and improvement in most categories of quality of life between 1-5 points out of 10. However, MTUS states that optional duration of treatment is 1-2 months and this patient's treatment has been for at least 4 months. Furthermore, MTUS section 9792.20 (f) states that functional improvement is defined as both clinically significant improvement in ADL's and a reduction in dependency on medical treatment and the reduction in medical treatment has not been documented in the reports provided. The request IS NOT medically necessary.

Aquatic therapy evaluation Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.Physical medicine Page(s): 22, 98-99,Postsurgical Treatment Guidelines Page(s): 25, 26.

Decision rationale: The patient presents with ongoing neck, back and right knee pain with associated headaches, sleep disturbance and mood swing. The patient also complains of twitching in the corner of the left eye and left hand. The current request is for Decision for Aquatic therapy evaluation Qty: 1.00 per the 11/13/14 report and 12/08/14 RFA. MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". MTUS Post-surgical guidelines Page 25, 26 state post-surgical treatment for low back fusion is 34 visits over 16 weeks. MTUS non-postsurgical 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. The treater does not discuss the reason for this request. Reports show the patient has unexplained weight gain but objective examination does not provide weight or height. The patient does present with complaints of knee pain and uses a knee brace that may also explain why reduced weight bearing therapy is needed. However, the treater does not explain why land based therapy is not adequate for this patient. The request IS NOT medically necessary.

Aquatic therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98, 99, Postsurgical Treatment Guidelines Page(s): 25, 26.

Decision rationale: The patient presents with ongoing neck, back and right knee pain with associated headaches, sleep disturbance and mood swing. The patient also complains of twitching in the corner of the left eye and left hand. The current request is for Aquatic therapy Qty: 12.00 per the 11/13/14 report and 12/08/14 RFA. MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". MTUS Post-surgical guidelines Page 25, 26 state post-surgical treatment for low back fusion is 34 visits over 16 weeks. MTUS non-postsurgical 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. The treater does not discuss the reason for this request. There is no evidence the patient is within a post-surgical treatment period or the patient has received prior aqua therapy. Reports show the patient has unexplained weight gain but objective examination does not provided weight or height. The patient does present with complaints of knee pain and uses a knee brace that may also explain why reduced weight bearing therapy is needed. However, the treater does not explain why land based therapy is not adequate for this patient. The request IS NOT medically necessary. Furthermore, the requested 12 sessions exceed what is allowed per MTUS.

Cyclobenzaprine 10mg BID Qty: 50.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63, 64.

Decision rationale: The patient presents with ongoing neck, back and right knee pain with associated headaches, sleep disturbance and mood swing. The patient also complains of twitching in the corner of the left eye and left hand. The current request is for Cyclobenzaprine 10mg BID Qty: 50.00 per the 11/13/14 report and 12/08/14 RFA. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "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 does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show the patient has been prescribed this medication since at least 06/12/14. MTUS does not recommend more than 2-3 weeks use of this medication and reports shows it is prescribed for this patient on a long-term basis. The treater does not discuss use outside guidelines. Lacking recommendation by MTUS, the request IS NOT medically necessary.