

<b>Case Number:</b>	CM15-0011459		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 47-year-old female who reported an injury on 10/08/2014. The mechanism of injury occurred while the injured worker lifted a bystander from the floor onto her feet. Her diagnosis includes a lumbar spine strain. Her past treatments included medication, TENS unit, and physical therapy. On 12/09/2014, the injured worker complained of low back pain. The physical examination was illegible. Relevant medications were not noted upon examination. The treatment plan includes Physical therapy 2 x 6 for lower back and H-Wave. The rationale was not provided. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 78.

**Decision rationale:** The request for Physical therapy 2 x 6 for lower back is not medically necessary. According to the California MTUS Guidelines, physical medicine for the treatment of neuralgia, neuritis, and radiculitis is allowed at 8 to 10 physical therapy visits over 4 weeks. Additional sessions may be indicated with documented objective functional improvement. The injured worker was indicated to have previous physical therapy sessions. However, there was a lack of documentation in regards to the number of visits completed. In addition, there was a lack of documentation in regards to objective functional improvement. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**H-Wave:** Upheld

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

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

**Decision rationale:** The request for H-Wave is not medically necessary. According to the California MTUS Guidelines, H-Wave stimulation units are not recommended as an isolated intervention; however, a 1 month home based trial may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration. In addition, prior to prescribing an H-Wave stimulation unit, there must be documentation of failure of initially recommended conservative care, to include recommended physical therapy, medications, and a TENS unit. The injured worker was indicated to have been recommended an H-Wave unit. However, there was a lack of documentation to indicate the injured worker has failed conservative treatments to include physical therapy, medications, and a TENS unit. Furthermore, there is a lack of documentation to indicate the H-Wave stimulation unit would be used in adjunct to a program of evidence based functional restoration. In the absence of the above, the request is not supported by the evidence based guidelines. Furthermore, the request as submitted failed to specify if the unit would be for rental or purchase. As such, the request is not medically necessary.