

<b>Case Number:</b>	CM15-0013899		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/31/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 year old male injured worker suffered an industrial injury on 8/31/2014. The diagnoses were back pain and lumbar strain. The treatment was medications. The treating provider reported the back pain was sharp with right side greater than left radiating to the bilateral lower extremities with spinal tenderness, with guarding and spasm. Range of motion was decreased. The Utilization Review Determination on 12/25/2014 non-certified: 1. H-wave unit for the lumbar spine, citing MTUS. 2. 12 sessions of chiropractic therapy, citing MTUS. 3. Fexmid 7.5mg #60 citing MTUS. 4. Tramadol ER 150mg #30, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H wave unit of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy & manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, H wave stimulation

**Decision rationale:** Pursuant to the Official Disability Guidelines, H wave stimulation (HWT) to the lumbar spine is not medically necessary. HWT is not recommended as an isolated intervention for chronic pain, but a one-month home-based trial of H wave stimulation may be considered as a noninvasive conservative option for neuropathic pain if used as an adjunct or program of evidence-based functional restoration. While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for HWT to be determined to be medically necessary. The criteria include, but are not limited to, HWT may be considered on a trial basis if noninvasive, conservative measures have failed; a one-month home base trial may be considered following a documented face-to-face clinical evaluation and physical examination, you should document the following in the medical record: the reason the physician believes HWT may lead to functional improvement, the use of TENS for at least a month has not resulted in functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction in pain, the patient is participating in an evidence-based functional restoration program without satisfactory reduction in pain or functional improvement. In this case, the injured worker's working diagnosis according to a physical therapy note was lumbar strain. There was no documentation in the medical record other than a single physical therapy progress note. There was no treating physician documentation. The progress note indicated the injured worker was on session 4 out of six. HWT is indicated when physical therapy has not resulted in functional improvement or reduced pain. The injured worker was on session #4 of physical therapy. There is no documentation by the treating physician as to why he believes HWT may lead to functional improvement. There is no clinical evidence the treating physician prescribed in the injured worker used a TENS unit. Consequently, absent clinical documentation meeting the patient selection criteria for HWT, H wave stimulation (HWT) to the lumbar spine is not medically necessary.

**12 sessions of chiropractic treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 58-59. Decision based on Non-MTUS Citation Low back section, Manipulation

**Decision rationale:** Pursuant to the Official Disability Guidelines, 12 sessions chiropractic is not medically necessary. Chiropractic is recommended for chronic pain is caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Use of active treatment modalities is the passive treatment is associated with a substantially better clinical outcome. The Official Disability Guidelines provide chiropractic guidelines. Therapeutic care mild up to six visits over two weeks. Therapeutic care severe-a trial of six visits over two weeks; with evidence of objective functional improvement for total of up to 18 visits over 6 to 8 weeks if acute. Avoid chronic treatment. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnosis according to a physical therapy note was lumbar strain. There was no documentation in the medical record other than a single physical therapy progress note. There was no treating physician documentation. The utilization review

documentation indicates six chiropractic visits were recommended certified in review #445-7101 December 8, 2014. The documentation does not indicate the sessions were started. The certification is not set to expire until March 8, 2015. The authorization for the chiropractic treatments are therefore still certified and in effect. There was no other documentation in the record. Consequently, an additional request for 12 sessions of chiropractic manipulation is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis according to a physical therapy note was lumbar strain. There was no documentation in the medical record other than a single physical therapy progress note. There was no treating physician documentation. The utilization review indicates the documentation does not show a failure of first line pharmacologic treatment with nonsteroidal anti-inflammatory medicines. Flexeril is indicated for short-term (less than two weeks) treatment. The treating physician requested a quantity of #60. This is a one-month supply. There was no other documentation in the record. Consequently, absent clinical documentation with compelling clinical facts to warrant long-term use of Flexeril, Flexeril 7.5 mg #60 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnosis according to a physical therapy note was lumbar strain. There was no

documentation in the medical record other than a single physical therapy progress note. There was no treating physician documentation. There is no documentation in the medical record with the clinical indication or rationale for Tramadol. Consequently, absent clinical documentation for the clinical indication and rationale for Tramadol ER, Tramadol ER 150 mg #30 is not medically necessary.