

Case Number:	CM15-0119099		
Date Assigned:	06/29/2015	Date of Injury:	03/21/2014
Decision Date:	07/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on March 21, 2014, incurring low back pain after lifting a box. She was diagnosed with lumbar myoligamentous injury with bilateral lower extremity radiculopathy and lumbar intervertebral disc syndrome. Treatment included physiotherapy, walker for mobility, stationary bike, trigger point injections, epidural steroid injection, physical therapy, chiropractic sessions, pain medications and work restrictions. Currently, the injured worker complained of constant low back pain radiating into the bilateral lower extremities with numbness, tingling and stiffness. She used a wheelchair for mobility. She also complained of difficulty sleeping, depression and anxiety secondary to the pain and discomfort. The treatment plan that was requested for authorization included physical therapy for the lumbar spine and H-Wave trial for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, lumbar spine Qty 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustains a work injury in March 2014 and continues to be treated for chronic pain. Treatments have included multiple sessions of physical therapy with reported only mild functional improvement and medications with minimal decrease in pain. When seen, she was having constant back pain radiating into the lower extremities. She was using a wheelchair. There was paraspinal muscle spasm with decreased range of motion and positive straight leg raising. Bragard, Valsalva, and Kemp tests were positive. There was decreased right lower extremity sensation. There was decreased left shoulder range of motion with positive impingement testing. Authorization for physical therapy and a one-month trial of H-Wave use was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. Requesting additional physical therapy does not represent a fading of treatment frequency or decreased reliance on medical care. The request is not medically necessary.

H-Wave trial, lumbar spine Qty 1: Upheld

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

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

Decision rationale: The claimant sustains a work injury in March 2014 and continues to be treated for chronic pain. Treatments have included multiple sessions of physical therapy with reported only mild functional improvement and medications with minimal decrease in pain. When seen, she was having constant back pain radiating into the lower extremities. She was using a wheelchair. There was paraspinal muscle spasm with decreased range of motion and positive straight leg raising. Bragard, Valsalva, and Kemp tests were positive. There was decreased right lower extremity sensation. There was decreased left shoulder range of motion with positive impingement testing. Authorization for physical therapy and a one-month trial of H-Wave use was requested. H-wave stimulation can be considered only following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, a failure of TENS is not documented. This request is not medically necessary.