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| Case Number: | CM13-0028519 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 08/13/2007 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/03/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and extensive periods of time off of work. In a utilization review report of September 3, 2013, the claims administrator denied request for an H-Wave home care system and thoracic MRI. The applicant's attorney later appealed. A clinical progress note of July 15, 2013 is sparse, handwritten, and not entirely legible. It is notable for comments that the applicant reports some numbness and spasm about the legs. X-rays of the lumbar spine, thoracic spine, hip, pelvis, femur are taken and are reportedly negative. Good lower extremity strength, good ambulation, and no acute neurological changes are noted. The applicant is asked to employ Skelaxin and Tylenol for pain relief. An H-Wave system is endorsed, as is the thoracic MRI. The applicant is asked to remain off of work, on total temporary disability, until "unknown." An earlier H-Wave vendor survey of March 28, 2013 suggests that the applicant has already had a trial of an H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: As note on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, any treatment or usage of an H-Wave beyond a one-month trial should be contingent on demonstrable benefit and functional improvement as well as favorable outcomes in terms of pain relief and function. In this case, however, there is no evidence that the applicant has demonstrated any clear-cut evidence of functional improvement as defined in MTUS 9792.20f through prior usage of the device. The applicant remains reliant on various oral medications, including Skelaxin and Tylenol. The applicant has failed to return to work and remains on total temporary disability. All of the above, taken together, imply that the prior trial of the H-Wave device was not effective. Therefore, the request is not certified.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 8 table 8-8, MRI and/or CT imaging can be employed to validate a diagnosis of nerve root compromise based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, there is no clear-cut evidence of nerve root compromise noted on the office visit in question. The applicant is described as ambulating normally and possessing normal strength about the upper and lower extremities with no evidence of acute neurologic changes. It does not appear that the applicant has any nerve root compromise. The applicant does not appear to be a surgical candidate. For all of these reasons, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.