

Case Number:	CM13-0045828		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2013
Decision Date:	03/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation 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 patient is a 40 year old male who reported an injury on 06/18/2013 due to repetitive trauma that reportedly caused injury to the patient's back. The patient underwent an MRI of the lumbar spine that revealed lower lumbar spondylosis in the L5-S1. The patient was treated with physical therapy. The most recent clinical documentation provided an evaluation that revealed tenderness to palpation over the bilateral sacroiliac joints and bilateral paraspinal musculature. The patient's diagnoses included lumbar spine musculoligamentous sprain/strain, and left sacroiliac joint sprain/strain. The patient's treatment plan included chiropractic treatment and H-wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-wave Unit for Home Unit (not specified rent/purchase): Upheld

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

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

Decision rationale: The requested H-wave unit for home use is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends H-wave therapy after a failure of initially recommended conservative care and a trial with a TENS unit. The

clinical documentation submitted for review does not provide any evidence that the patient has exhausted conservative treatments to include a TENS unit. Additionally, the request as it is written does not clearly identify whether this is for purchase or rental. California Medical Treatment Utilization Schedule does not support the use of a purchase of this type of unit unless there is a 30-day initial trial that establishes significant functional benefit. The clinical documentation does not provide any evidence of a trial of this treatment modality. As such, the requested H-wave unit for home use is not medically necessary or appropriate.

Chiropractic Treatment 3x4 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The requested chiropractic therapy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does support the use of this treatment modality in the management of a patient's back pain. However, it is recommended that the patient have a 6 visit trial to establish the efficacy of treatment for the patient. The clinical documentation does not indicate that the patient has had any prior manual therapy. Therefore a clinical trial would be appropriate. However, the requested 12 visits exceeds this recommendation. The submitted documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Chiropractic Treatment 3x4 for the Lumbar Spine is not medically necessary or appropriate.