MAXIMUS Federal Services

Case Number:	CM13-0055850		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2006
Decision Date:	03/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 31 year old female who was injured on 09/07/2006, while she was lifting gravel weighing approximately 50 pounds resulting in a sharp pain in her lower back. Prior treatment history has included epidural steroid injections (02/28/2013 with 80% relief, 05/16/2013 with 75% improvement and again on 11/06/2013- % improvement unknown), medications, physical therapy and chiropractic treatment. In 2007 the patient was seen by [redacted], who performed a lumbar laminectomy and discectomy at the L4-5 level. Diagnostic studies reviewed included electrodiagnostic study report performed 11/15/2013 which was normal.MRI of the lumbar spine performed 03/20/2013 revealed prior posterior hemi-laminotomy at L4-5. There was no evidence of arachnoiditis. There was mild disc degeneration at L4-5 and L5-S1. There was a 3-4 mm right greater than left broad based posterior disc protrusion at L4-5 contributing to mild bilateral L4-5 recess stenosis and mild spinal canal stenosis. Mild right L4-5 foraminal encroachment was also shown. An approximately 3 mm thick curvilinear annular fissure at the right postero-lateral disc margin was identified. There was a 3.5 mm right para-central and postero-lateral disc protrusion at L5-S1 contributing to mild to moderate right L5-S1 lateral recess stenosis with potential for impingement on the traversing right S1 nerve. Most recent neurosurgical consultation dated 11/25/2013 documents the patient to have severe back pain that radiates into the right leg. Physical examination findings showed decreased strength in the right dorsiflexors, plantar flexors and hamstring muscles at 4/5 on the right; severe muscle spasm in the lumbosacral musculature; walks with a limp and cannot stand on her right leg. It was recommended by the neurosurgeon that since she has not responded to medical treatment, she should undergo a right L4-5 and L5-S1 microdiscectomy and foraminotomy which she was in agreement with.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit, 30-day rental for Lumbar Spine: Upheld

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

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

Decision rationale: According to the CA MTUS, a one-month home based trial may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient has documented failure of physical therapy and several medications; however, there is no documentation of the use and failure of a TENS unit, nor is there documentation of an evidence based functional restoration program to go along with it. Further, surgery is currently recommended which she is in agreement to, this type of treatment should not be considered until all other treatments have been exhausted. Therefore, the request is denied.