

Case Number:	CM13-0066898		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2009
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopaedic Surgery, has a subspecialty in Spine Surgery 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 47-year-old female who sustained an unspecified injury on 03/04/2009. The patient was evaluated on 05/09/2013 for complaints of persistent neck and low back pain. The documentation submitted for review indicated the patient had paresthesia to the bilateral hands, increased pain and weakness to the left lower leg, and decreased sensation to the left lower extremity. The treatment plan indicated a repeat MRI of the spine to rule out progression with disc pathology and the request for a 30-day trial of the H-wave unit for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is non-certified. The documentation submitted for review indicated the patient had a previous MRI of the lumbar spine; however, the findings and date of the previous MRI were not submitted for review. ACOEM recommends MRIs in patients with low back complaints when unequivocal findings

that identify specific compromise on the neurological examination do not respond to treatment and the patient would consider surgery and option. The documentation submitted for review did not indicate the patient was considering a surgical intervention. Furthermore, the documentation submitted for review indicated the patient had previously undergone an MRI. The guidelines recommend repeat diagnostic imaging in cases where the patient has had significant change in condition. The documentation submitted for review did not indicate the patient had a significant change in her condition that warrant additional imaging studies. Therefore, an additional imaging study is not supported. Given the information submitted for review, the request for MRI of the lumbar spine is non-certified.

H-Wave 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for DME: H-wave 30-day trial is non-certified. The California MTUS Guidelines recommend the use of H-wave stimulation as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care. The documentation submitted for review did not indicate the patient had an adjunct, more active therapy program. Therefore, the use of the H-wave stimulation is not supported. Furthermore, the use of the H-wave stimulation is for chronic, soft tissue inflammation. The documentation submitted for review did not indicate the patient had a chronic soft tissue inflammatory condition. Therefore, the use of the H-wave stimulation is not supported. Given the information submitted for review, the request for DME: H-wave 30-day trial is non-certified.