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| Case Number: | CM13-0070391 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/23/2011 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 injured worker is a 53-year-old male who reported an injury on 05/23/2011. The mechanism of injury was not stated. Current diagnoses include cervical pain, cervical disc disorder, lumbar radiculopathy, and lumbar degenerative disc disease. The injured worker was evaluated on 11/21/2013. The injured worker reported neck and lower back pain with poor sleep quality and activity limitation. Current medications include Soma 350 mg. Physical examination revealed restricted cervical range of motion, tenderness to palpation, positive Spurling's maneuver, 2+ reflexes in bilateral upper extremities, limited lumbar range of motion, tenderness to palpation, negative straight leg raising, positive facet loading maneuver, 2+ deep tendon reflexes bilaterally, 5/5 motor strength in bilateral lower extremities, and decreased sensation over the first toe on the right side and lateral foot on the left side. Treatment recommendations at that time included continuation of current medication and a request for an H-wave unit trial.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, there is no evidence of a failure to respond to previous conservative treatment including physical therapy and medications. There is also no documentation of a treatment plan including the specific short and long term goals of treatment with the H-wave unit. Based on the clinical information received, the request is not medically necessary.

SOMA 350MG TABLETS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized Soma 350 mg since 04/2013. As guidelines do not recommend long term use of this medication the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.