

Case Number:	CM14-0011994		
Date Assigned:	02/21/2014	Date of Injury:	10/07/2010
Decision Date:	07/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 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 patient is a 41-year-old male who has submitted a claim for left L4-5 disc herniation recurrence and right leg radiculopathy associated with an industrial injury date of October 7, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent lower back pain with radiation of pain down the right leg. Physical examination showed tenderness on the right L4-5, limited lumbar ROM secondary to pain, 4/5 strength on the right, and decreased right leg ROM. Treatment to date has included NSAIDs, opioids, muscle relaxants, H-wave, physical therapy, and lumbar epidural steroid injections (1/16/13). Utilization review from January 20, 2014 denied the request for purchase of H-wave unit due to lack of documentation of an adjust therapy. The request for MRI of the lumbar spine was denied because there was no frank neurologic deficit on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-118.

Decision rationale: According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). In this case, progress report from January 13, 2014 reported a successful H-wave trial as evidenced by a 50% increase in ROM and significant improvement in functioning. However, there were no reports of an ongoing method of functional restoration. In addition, the request failed to specify the body part that needs H-wave treatment; the request is incomplete. Therefore, the request for purchase of H-wave unit is not medically necessary.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, the patient complained of persistent lower back pain with radiation of pain down the right leg. However, physical examination findings are not compatible with a lumbar nerve root compromise. Therefore, the request for MRI of the lumbar spine is not medically necessary.