

Case Number:	CM14-0016660		
Date Assigned:	04/11/2014	Date of Injury:	09/13/2010
Decision Date:	05/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 & 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 injured worker is a 27-year-old female who reported an injury on 09/13/2010 with the mechanism of injury being a lifting injury. The injured worker's diagnoses included lumbar pain and lumbar disc herniation with myelopathy. The documentation of 01/17/2014 revealed that the injured worker had improved with physical therapy and acupuncture by 50% to 60%. The low back pain was present with most activities, but the injured worker had more tolerance and less left leg pain. The injured worker had decreased range of motion and moderate tenderness in the bilateral lumbar paraspinals. The request was made for acupuncture and an H-wave device 1 month home use evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation to hasten functional recovery. Acupuncture treatments may be extended if

functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to indicate the quantity of sessions that were attended. There was documentation indicating that the injured worker had 50% to 60% relief of low back pain and was able to have more tolerance. However, there was a lack of documentation of objective significant clinical benefit. There was a lack of documentation indicating a necessity for 8 sessions of acupuncture. The request as submitted failed to indicate the body part to be treated with the acupuncture. Given the above, the request for acupuncture times 8 sessions is not medically necessary.

HOME H-WAVE DEVICE-ONE MONTH HOME USE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 148.

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

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, they recommend a 1 month trial for neuropathic pain if it is used as an adjunct to a program of evidence-based restoration and only following the failure of initially recommended conservative care, including recommended physical therapy, medications and a trial of transcutaneous electrical nerve stimulation. The clinical documentation submitted for review indicated that the injured worker had trialed the conservative care. There was a lack of documentation indicating that the injured worker had a failure of the initially recommended conservative care. There was a lack of documentation indicating that the injured worker would be using the H-wave as an adjunct to a program of evidence-based restoration. Given the above, the request for a home H-wave device for a 1 month home use evaluation is not medically necessary.