

Case Number:	CM14-0030001		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2012
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 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 47 year old male who was injured on 02/28/2012 when he slipped and fell and landed on his back. Prior treatment history has included two epidural steroid injections, chiropractic therapy and physical therapy. The patient also received sacroiliac joint injection on 05/09/2013. Medications include Relafen, Flexeril and Lyrica in addition to Ultram. Progress report dated 02/06/2014 documented the patient with complaints of lumbar spine pain and impaired activity of daily living. There are no objective findings reported on this visit. The patient is diagnosed as having sprain of neck. Treatment recommendations show the patient was recommended H-Wave Home Care system for purchase. Utilization report dated 02/19/2014 indicates two requests were submitted. The first request was for interlaminar epidural steroid injection to L5-S1 which was not certified as the available clinical information does not document pain in a dermatomal distribution. In addition, the available clinical information does not document the corroboration by imaging and/or electrodiagnostic testing. The test is not a medical necessity and is not certified. The second request for DME Purchase of H-Wave device was recommended not certified as the available clinical information does not document any of the treatment goals with the objective functional benefits. The available clinical information does not support the medical necessity and the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 5-Sacral 1 Interlaminar Epidural Steroid Injection (ESI) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the CA MTUS, a nerve block (or epidural steroid injection) is recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). The first criterion for nerve block is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which is not established in the medical record. In addition, it is unclear how much pain relief was provided by the previous ESI. The medical necessity for a lumbar epidural steroid injection is not established at this time.

Durable Medical Equipment (DME) Purchase H-Wave device, Qty:1: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, H-wave unit is "not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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)." In this case, there is no documentation of trial and failure of TENS unit. Also, guidelines indicate that continued use of H-wave unit is recommended if there is documentation of adjunctive treatment modalities with active functional restoration and as to how often the unit was used, as well as outcomes in terms of pain relief and function. The records submitted for review fail to document if the prior treatment provided any therapeutic benefit or functional improvement. The medical necessity is not established at this time.