

Case Number:	CM14-0059672		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2012
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 underlying date of injury in this case is 06/14/2012. The patient's treating diagnoses include thoracolumbar neuritis, lumbar intervertebral disc displacement, cervicalgia, and lumbago. On 04/04/2014, the treating physician submitted a PR-2 report. The patient reported that she had pain in her low back radiating to her left hip with difficulty walking and standing. On exam, the patient had slow gait, was neurovascular intact, with positive straight leg raise in the left thigh and left gluteus. A prescription for Norco was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Functional Capacity Evaluation Page(s): 48.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Functional Capacity Evaluations in the context of a work hardening program noting that a Functional Capacity Evaluation is indicated when a patient has

plateaued in treatment and there is concern about the patient's ability to return to a specific job. The medical records in this case do not clearly indicate that this patient has plateaued in treatment. Moreover, the specific physical requirements for the patient's job are not apparent in the medical record. In this situation, the treatment guidelines do not support an indication for a Functional Capacity Evaluation. This request for Functional capacity evaluation is not medically necessary.

H-wave unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on H-Wave states that this is not recommended as an isolated intervention but a 1-month home trial of H-wave may be indicated as a noninvasive conservative option for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based restoration. The medical records do not meet these criteria. The rationale or indication for H-wave is not apparent or clear in the medical record. Overall, the medical record and guidelines do not support a rental or purchase of an H-wave device at this time. This request for H-wave unit and supplies (rental or purchase) is not medically necessary.