

Case Number:	CM14-0063304		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2009
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old male whose date of injury is 07/24/2009. The injured worker reports that he was walking down the hall and felt a pinching sensation in the low back. Treatment to date includes medication management, physical therapy, transcutaneous electrical nerve stimulation unit and H-wave therapy. Progress report dated 05/09/14 indicates that the injured worker is feeling stable and is still having low back pain. The injured worker reports that the H-wave continues to help him. On physical examination there is tenderness at the paralumbar region. He has a slightly antalgic gait. There is no swelling and no ecchymosis, and there are no deformities. Straight leg raising is positive. Strength is 5/5 in the bilateral lower extremities. Diagnosis is chronic lumbar pain with radiculopathy. The injured worker underwent lumbar epidural steroid injection on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation.

Decision rationale: Based on the clinical information provided, the request for functional capacity evaluation is not recommended as medically necessary. There is no documentation of prior unsuccessful return to work attempts. In fact, the submitted records indicate that the injured worker has returned to work on a modified basis. There is no clear rationale provided to support a functional capacity evaluation at this time. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

1 Purchase of H-Wave Unit: 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 H-wave stimulation Page(s): 117-118.

Decision rationale: Based on the clinical information provided, the request for H-wave unit purchase is not recommended as medically necessary. The injured worker has been utilizing an H-wave unit and reports subjective improvement; however, there are no objective measures of improvement documented to establish efficacy of treatment as required by California Medical Treatment Utilization Schedule guidelines and to support purchase of the unit. There are no specific, time-limited treatment goals provided. Therefore, medical necessity cannot be established at this time.