

Case Number:	CM15-0008628		
Date Assigned:	01/26/2015	Date of Injury:	08/08/1994
Decision Date:	03/26/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 08/08/1994 due to an unspecified mechanism of injury. On 12/03/2014, he presented for a followup evaluation. He stated that he was not working, was retired and had sustained no new injuries. He complained of frequent moderate low back pain and neck pain and headaches and a sensation of lightheadedness. A physical examination showed range of motion of the lumbar spine was noted to limited with flexion at 50/50 degrees, extension at 50/60 degrees, right and left rotation at 30/80 degrees, and right and left bending at 45/45 degrees. There was tenderness at the left paracervical spine musculature with spasm in the C3-7. Muscle strength of the trapezii, deltoids, biceps, triceps, forearms, forearm extensors and intrinsic muscles were 5/5. Reflexes were trace in the triceps, biceps, and brachioradialis. There was no sensation loss to stimulation noted. Lumbar spine examination showed decreased range of motion with extension being 15 degrees, right bending to 10 degrees, and left bending to 20 degrees. Motor strength was a 5/5, reflexes were at 2+ in the knees and a 1+ in the ankles and there was no sensation loss noted. He was diagnosed with exacerbation of low back pain and chronic myoligamentous strain of the lumbar spine with radicular symptoms to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Treatment Guidelines state that acupuncture is recommended at a frequency of 1 to 3 times per week for 1 to 2 months. It is also stated that therapy is recommended when pain medication is reduced or not tolerated or as an adjunct to surgical intervention to hasten a functional recovery or to physical medicine treatment. Based on the clinical documentation submitted for review, the injured worker did not have any of the indications for which acupuncture therapy would be considered medically necessary. Also, further clarification is needed regarding his past treatments and if he had attended acupuncture previously. Without this information, the request will not be supported. As such, the request is not medically necessary.

Replacent 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 HWAVE Stimulation Page(s): 117.

Decision rationale: The California MTUS Guidelines state that H-wave stimulation is not recommended as an isolated treatment modality but a 1 month H-wave trial may be considered as an adjunct to other conservative treatment with an evidence based functional restoration approach. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and left lower extremity. However, the request for replacement of H-wave unit indicates that the injured worker had already been using an H-wave unit. However, there was a lack of documentation regarding how often the unit was used and the injured workers response in terms of pain relief and functional improvement with use. Without this information, the replacement H-wave unit would not be supported. As such, the request is not medically necessary.