

Case Number:	CM15-0105952		
Date Assigned:	06/10/2015	Date of Injury:	06/14/2007
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male with a June 14, 2007 date of injury. A progress note dated May 15, 2015 documents subjective findings (back pain rated at a level of 3-4/10; back stiffness; radicular pain in the right and left leg and weakness in the right and left leg; increased pain with movement), and objective findings (normal muscle tone and strength; positive straight leg raise; localized area of erosion on the posterior scalp; pain to palpation over the L3 to L4, L4 to L5, and L5 to S1 facet capsules bilaterally; pain with rotational extension indicative of facet capsular tears bilaterally; positive stork test, FABER maneuver, Gainslen's maneuver, pelvic thrust; pain with valsalva). Current diagnoses were listed in the medical record as lumbosacral spondylosis without myelopathy, degeneration of the lumbar/lumbosacral intervertebral disc, and sacroiliitis. Treatments to date have included sacroiliac joint injections, medications, exercise, and imaging studies. The medical record identifies that the injured worker receives substantial benefit from medications. The treating physician documented a plan of care that included Lidoderm patches and an H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HWT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), p117.

Decision rationale: The claimant sustained a work-related injury in June 2007 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-4/10. Medications were providing 90% pain relief. There was lumbar spine tenderness and stiffness with positive sacroiliac joint testing and facet loading. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option. In this case, the claimant has not undergone a home-based trial of H-wave stimulation and therefore the requested H-wave machine is not medically necessary.

Lidoderm patch 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in June 2007 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-4/10. Medications were providing 90% pain relief. There was lumbar spine tenderness and stiffness with positive sacroiliac joint testing and facet loading. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.