

Case Number:	CM15-0183489		
Date Assigned:	09/24/2015	Date of Injury:	10/25/2010
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male, who sustained an industrial injury on 10-25-2010. Medical records indicate the worker is undergoing treatment for obesity, chronic low back pain, lumbar 3-sacral 1 disc bulge and grade I obesity. A recent progress report dated 8-12-2015, reported the injured worker complained of low back pain radiating to the bilateral lower extremities with numbness and right groin pain improved since sacroiliac joint fusion. He reports difficulty climbing stairs and difficulty exercising due to right knee pain. Physical examination revealed obesity-weight 217 pounds, slow stooped guarded posture, antalgic gait, lumbosacral paraspinal tenderness and "decreased lumbar range of motion." Treatment to date has included lumbar surgery in 2011, hardware removal in 2013 and right sacroiliac fusion in 2014, physical therapy, Methocarbamol and Norco. On 8-12-2015, the Request for Authorization requested to continue H wave and [REDACTED] (Diet and Life Style Modification). On 8-18-2015, the Utilization Review noncertified the request to continue H wave and [REDACTED] (Diet and Life Style Modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue H-Wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, there is a lack of documentation of objective pain relief and functional improvement with the previous use of H-wave therapy, therefore, the request to continue H-Wave is determined to not be medically necessary.

██████████ **(Diet and Life Style Modification):** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as Weight Watchers. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. The request for ██████████ (Diet and Life Style Modification) is determined to not be medically necessary.