MAXIMUS Federal Services

Case Number:	CM15-0020867		
Date Assigned:	02/09/2015	Date of Injury:	05/01/2003
Decision Date:	11/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 60 year old female with an industrial injury dated 05-01-2003. A review of the medical records indicates that the injured worker is undergoing treatment for sacroiliitis of bilateral sacroiliac (SI) joint. Medical records (10-01-2014, 01-07-2015) indicate subjective complaints of severe pain on her bilateral buttock with numbness and tingling radiating down to her bilateral lower legs and extremities. The treating physician states that she has anxiety. There was an increase in limited range of motion within the past weeks with severe lumbar muscle spasms. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Objective findings (01-07-2015) revealed severe sacroiliac (SI) joint inflammation with signs and symptoms of radiculitis and radiculopathy to the posterior and lateral aspect of the thigh. Ganenslen's test, Patrick Fabre test, and Sacroiliac (SI) joint thrust were all positive. Treatment has included block injections, prescribed medications, and periodic follow up visits. The utilization review dated 01-21-2015, non-certified the request for H-Wave unit with supplies and psyche evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit with Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS Guidelines have very specific criteria to justify a one-month trial of an H-wave machine. These criteria include a prior trial and failure of a TENS unit. The criteria also include a current and active functional restoration program. This individual does not meet these criteria. The medical records note a prior request for TENS supplies, but there is no evidence that these were received and adequately trialed. There is no evidence that this individual is taking part in an active rehabilitation program, home based or otherwise. The request is for the purchase of such a unit and the records reviewed provide no evidence of a successful 30 day trial with resulting diminished need for other treatments. Under these circumstances, the H-wave unit with supplies is not supported by Guidelines and is not medically necessary.

Psyche Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Cognitive Behavioral Therapy.

Decision rationale: MTUS and ODG Guidelines are supportive of psychological evaluations and possible limited psychological care for individuals with chronic pain disorders. The documentations states that this individual is experiencing anxiety and per Guideline standards it is medically reasonable to establish the extent of the anxiety and evaluate it as a barrier to improving pain and functioning. The request for the Psyche Evaluation is supported by Guidelines and is medically necessary.