

Case Number:	CM15-0021480		
Date Assigned:	02/11/2015	Date of Injury:	09/09/2003
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 52-year-old female who reported an injury on 09/09/2003. She had been diagnosed with CRPS, a lumbar disc bulge, a CSC implant, with degenerative changes and osteopenia of the hip, as well as degenerative changes of osteopenia of the pelvis, chondromalacia, and articular cartilage flap of the right knee status post arthroscopic chondroplasty, with grade 3 chondromalacia patella and history of supraventricular tachycardia. Additionally, she had a history of a right cerebral aneurysm and hemorrhage, depressive disorder, anxiety disorder, and pain disorder. The injured worker had previously had a lumbar MRI scan performed in 2011, with a previous request for a repeat MRI having been denied, based on no objective findings in regard to the lumbar spine to support the requested diagnostic imaging procedure. Likewise, the H-Wave therapy was not supported at that time due to a lack of documentation of the injured worker having previously utilized a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Without having any red flags identified on physical examination, as per California MTUS/ACOEM, the requested MRI of the lumbar spine without contrast cannot be supported. The injured worker was seen most recently in 12/2014, whereupon she complained of increased neck pain; but no objective findings of any lumbar related neurological deficits. Therefore, without meeting the criteria for undergoing an MRI at this time, the request cannot be supported. As such, the medical necessity has not been established.

H-Wave 30 Day Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The clinical documentation did not indicate that the injured worker had utilized a TENS unit for a 1 month home based trial prior to requesting an H-Wave stimulation device. Additionally, there is no reference to which region of the body the H-Wave stimulation would be utilized to treat. Therefore, without having a more definite rationale for use of this equipment and without documentation of the injured worker having utilized a TENS unit prior to requesting the H-Wave system, the request cannot be supported. As such, the medical necessity has not been established.