

Case Number:	CM15-0039315		
Date Assigned:	03/09/2015	Date of Injury:	09/30/2009
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 42 year old male, who sustained an industrial injury, September 30, 2009. According to progress note of October 4, 2014, the injured workers chief complaint was back pain. At the time of the injury the injured worker weighed 350 pounds, the injured worker now weighs approximately 500 pounds. The injured worker described the pain as near constant, aching, sharp, nagging, stabbing, burning pain in the lower back with radiating pain down the right leg. The injured worker rated the pain at 1-2 out of 10 when lying in a fetal position 6 out of 10 on average 1 being minimal pain and 10 being the worst pain. The symptoms were aggravated by lifting and bending activities. The physical exam noted moderate lumbar paraspinal muscle spasms. There was pain with flexion, slight pain with extension and moderate pain upon right lateral bending, no pain with left lateral bending and rotation. There was tenderness with slight tenderness at the lumbosacral junction in the midline with moderate tenderness on the right and no tenderness on the left. Range of motion of the lumbar spine was flexion 31 degrees, extension of 12 degrees and lateral bend to the right 15 degrees the left 18 degrees. The injured worker was diagnosed with right sided facet arthropathy and disc bulge at L5-S1 with radiculopathy, depressive disorder, lumbar strain/sprain, degenerative disc disease, morbid obesity and broad based bulge of the lumbar spine. The injured worker previously received the following treatments toxicology laboratory studies, EMG (electromyography) of the lower extremities and TENS (transcutaneous electrical nerve stimulator) unit. The treatment plan included H-wave unit, back brace and metabolic weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

Decision rationale: H-Wave stimulation is not recommended as an isolated intervention, but a one month home-based trial of H-Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain (Julka 1998, Kumar 1998) or 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 (exercise), medications, plus transcutaneous stimulation (TENS). The patient also currently receives relief of his back pain with the TENS unit, so no medical necessity for the H-wave stimulation has been established.

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. This patient has chronic, daily low back pain. Thus the medical necessity of a lumbar brace is not established.

Metabolic weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: While the patient's morbid obesity (approximately 500 lbs.), certainly contributes to his low back pain, there is no support for a "metabolic weight loss program" in the MTUS Guidelines as a medical necessity to alleviate his back pain. A program of exercise and diet initiated by the patient at home should be sufficient to achieve weight loss and alleviation of his back pain.