

Case Number:	CM13-0004493		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2006
Decision Date:	06/17/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old male with date of injury 10/16/06. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain and bilateral lower extremity pain since the date of injury. He has been treated with epidural corticosteroid injections, physical therapy and medications. MRI of the lumbar spine performed 09/2012 revealed bilateral facet degenerative joint disease and neuroforaminal narrowing at L4-S1. Objective: tenderness to palpation of the bilateral lumbar paraspinous musculature, positive straight leg raise bilaterally. Diagnoses: lumbar spine degenerative joint disease, lumbar spine degenerative disc disease. Treatment plan and request: 1 H wave unit, 1 pain management consultation, Advil.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-WAVE UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 117-118.

Decision rationale: This 42 year old male has had lower back pain with bilateral lower extremity pain since the date of injury 10/16/06. He has been treated with epidural corticosteroid injections, physical therapy and medications to include an NSAID for at least 8 months. The current request is for an H wave unit. Per the MTUS guideline cited above, a 1 month trial of an H wave unit may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care including recommended physical therapy, medication and TENS (transcutaneous electrical nerve stimulation). There is no documentation of diabetes or chronic soft tissue inflammation in the available medical records nor is there documentation of prior TENS use. On the basis of the MTUS guideline cited above, the request is not medically necessary and appropriate.

1 PAIN MANAGEMENT CONSULT: 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 Other Medical Treatment Guideline or Medical Evidence: www.uptodate.com.

Decision rationale: This 42 year old male has had lower back pain with bilateral lower extremity pain since the date of injury 10/16/06. He has been treated with epidural corticosteroid injections, physical therapy and medications. The current request is for a pain management consultation. There is no documentation in the available provider notes stating the reasoning behind the request for pain management consultation at this point in time. On the basis of this lack of documentation, the request is not medically necessary and appropriate.

1 REQUEST TO CONTINUE ADVIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

Decision rationale: This 42 year old male has had lower back pain with bilateral lower extremity pain since the date of injury 10/16/06. He has been treated with epidural corticosteroid injections, physical therapy and medications to include an NSAID for at least 8 months. The current request is for Advil. Per the MTUS guideline cited above, NSAIDS are recommended for short term (2-4 weeks) symptomatic relief in the treatment of chronic back pain. The use of an NSAID for the treatment of chronic back pain in this patient exceeds the recommended duration of treatment. On the basis of the MTUS guideline cited above, The request for Advil is not medically necessary and appropriate.