

Case Number:	CM14-0145217		
Date Assigned:	09/12/2014	Date of Injury:	05/01/2005
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 62-year-old female who reported an injury of unknown mechanism on 05/01/2005. On 12/10/2013 her diagnoses included status post lumbar laminectomy L4-5 and L5-S1 with posterolateral and possible posterior interbody fusion with instrumentation and bone grafting on 09/30/2013. Her complaints included back and leg pain. X-rays of the lumbar spine revealed satisfactory alignment and implant position. The treatment plan included a followup visit in 6 weeks. There was no further documentation beyond the date of 12/10/2013 included in this submission. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave machine (purchase) quantity 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic and Pain, H-wave stimulation (devices).

Decision rationale: The Official Disability Guidelines do not recommend H wave stimulation as an isolated intervention, but a 1 month home based trial of H wave stimulation may be considered as a noninvasive conservative option for neuropathic pain, 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, exercises, medication, plus TENS units. In this case, there is no submitted documentation that this injured worker was participating in any kind of conservative care, including exercises, physical therapy, or had used a TENS unit. Additionally, there was no request for a 1 month home based trial. Therefore, this request for H-wave machine (purchase) is not medically necessary.

Physical therapy (visits) quantity 12.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine

Decision rationale: The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The requested 12 visits exceeds the recommendations in the guidelines. Additionally, the body part or parts to have been treated were not identified in the request. Therefore, the request for Physical therapy (visits) quantity 12.00 is not medically necessary.