

Case Number:	CM14-0160135		
Date Assigned:	10/03/2014	Date of Injury:	06/01/2011
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/Pain Medicine and Manipulation 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 patient is a 37 year of male with a date of injury on 6/1/11. He is diagnosed with lumbar post laminectomy syndrome. A Utilization review dated 9/12/14 reviewed 12/3/13 AME and PR-2/RFA dated 9/2/14 by [REDACTED] at which time the request for aquatic therapy for the lumbar spine, H-wave, psych follow up, urology consult and EMG lower extremities were non-certified. The request for pain management follow up visit was certified. At the time of the prior peer review, the AME report was referenced at which time it was noted that the patient is status post lumbar laminectomy x 2 and the AME recommended future medical care, access to orthopedic evaluation on an as needed basis with some analgesics, anti-inflammatory medication and ongoing pain management. The prior peer reviewer noted that there was no recommendation for aquatic therapy, H-wave, psych follow up, urology initial consult, or EMG of the lower extremities by the AME. It should be noted that the 12/3/13 AME and PR-2/RFA dated 9/2/14 reviewed at the time of the prior peer review have not been submitted for this review. The medical records indicate prescriptions of Effexor on 7/2/14 and 10/1/14. The medical records indicate that Tens unit was requested on 10/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 1 X 6 FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): page 22.

Decision rationale: The request for aquatic therapy 1x6 for the lumbar spine is not medically necessary. The medical records do not establish that the patient is unable to perform an independent land based exercise program. Further, aquatic therapy has not been recommended in the future medical care provisions. The request is not medically necessary.

H-WAVE UNIT PURCHASE: 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 H-Wave Stimulation, Page(s): page 117-118.

Decision rationale: According to the CA MTUS guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the medical records do not establish that this unit is to be use as an adjunct to a program of evidence based functional restoration. There is also no evidence that the patient has failed conservative care including medications and Tens unit. In fact, it is not that Tens unit has been recently requested. As such, the request for H-wave unit purchase is not medically necessary.

PSYCHE FOLLOW UP VISIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines does not address specialty consultation.

Decision rationale: The medical records indicate that the patient is on anti-depressant medication and the request for specialty follow up is supported. There is indication in the medical records that psych is not an accepted body part. However, this review is for medically necessity and as such the request for psych follow-up is deemed medically necessary.

UROLOGY CONSULT INITIAL: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultations, page 127

Decision rationale: The medical records do not establish medically necessity of a urologic consultation. In addition, the AME has not recommended urologic consultation as part of the future medical care provision. The request is not medically necessary.

EMG LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): page 303,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines does not address electro diagnostic studies..

Decision rationale: The medical records do not establish the medical necessity of the requested electrodiagnostic studies. Further, the AME has not recommended any additional studies. Therefore, the request for EMG for the lower extremities is not medically necessary.