

Case Number:	CM14-0098196		
Date Assigned:	07/28/2014	Date of Injury:	04/18/2002
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine 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 43 year old female who sustained an injury to her low back on 04/18/02 while moving a patient at a rehabilitation center. On 06/17/08, she underwent right L4-5 laminotomy, partial facetectomy with discectomy. The injured worker reported that the surgery helped improve her leg pain, but she continued to have low back pain. Prior conservative treatment included physical therapy and medications. MRI of the lumbar spine dated 03/19/10 revealed L4-5 3mm disc protrusion with endplate osteoarthritic ridging; L5-S1, 1-2mm disc bulge. Physical examination noted mildly antalgic gait, myofascial tenderness in the cervical spine and lumbosacral spine. The injured worker appeared mildly depressed. The injured worker was diagnosed with low back pain, chronic pain syndrome, and chronic depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-Wave unit supplies (pads and gel) 1 unit with 11 refills: 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 (HWT) Page(s): 117-118.

Decision rationale: Previous request was denied on the basis that the submitted clinical documentation did not provide evidence of failure of conservative treatment care including medications and TENS. Medication was beneficial. The CAMTUS states that treatment with H-wave stimulation is not recommended as an isolated intervention. H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to evidence based functional restoration program, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus TENS. There was no indication that the injured worker was actively participating in a home exercise program. No information was submitted indicating the injured worker was currently undergoing any additional conservative treatment. The request for 1 H-Wave unit supplies (pads and gel) 1 unit with 11 refills is not medically necessary.

1 low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports

Decision rationale: Previous request was denied on the basis that the cited evidence based guidelines reported that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Since the injured worker suffers from chronic back pain, a brace was not deemed as medically appropriate. The Official Disability Guidelines state that there is strong and consistent evidence that lumbar supports were not effective in preventive preventing neck pain and back pain. Current evidence-based studies on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective including stress management, shoe inserts, back supports, ergonomic/back education and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. There was no indication that the injured worker recently underwent lumbar fusion and there were no findings on physical examination of any instability. Given this, the request for low back brace is not indicated as medically necessary.