

Case Number:	CM15-0112800		
Date Assigned:	06/19/2015	Date of Injury:	10/12/2011
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 is a 42 year old male, who sustained an industrial injury on 10/12/2011. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbar radiculopathy and L5-S1 disc degeneration. Treatment and diagnostics to date has included lumbar spine MRI which showed disc degeneration with disc height loss and mild bilateral lateral recess stenosis, lumbar epidural steroid injection, physical therapy, activity modifications, and medications. In a progress note dated 05/11/2015, the injured worker presented with complaints of central low back pain at L5-S1 with numbness radiating down the anterior and posterior thighs into the feet and rated his pain a 6/10 on the pain scale with medications and 10/10 without medications. He is awaiting authorization for lumbar spine fusion. Objective findings was unremarkable. The treating physician reported requesting authorization for Bio-wave sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biowave sessions: Upheld

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

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

Decision rationale: The ACOEM chapter on low back pain states: Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. The request is for bio-wave sessions, which is a type of neuromodulation treatment. This is not supported per the ACOEM and therefore the request is not medically necessary.