MAXIMUS Federal Services

Case Number:	CM15-0171046		
Date Assigned:	09/11/2015	Date of Injury:	06/03/2014
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/31/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 47 year old female who sustained an industrial injury on 6-3-14 when a wooden box fell on her resulting in loss of consciousness. Diagnoses include closed head injury; cervical sprain; moderate disc herniation at C5-6 with neuroforaminal stenosis; lumbosacral sprain with radicular symptoms; moderate disc herniation a L4-5 with bilateral foraminal narrowing; small disc herniation at L5-S1. She currently complains of increased pain in her neck and low back; numbness and tingling in the hands and feet; pain in the right shoulder and mid-back. Her overall pain level was 7 out of 10. She has sleep disturbances due to pain. Her activates of daily living are limited. On physical exam, there was decreased range of motion of the cervical, thoracolumbar spines and reminder of exam was unremarkable. Diagnostics include x-rays, of the back (6-5-14 and 6-16-14); MRI of the brain with abnormalities and cervical spine showing disc bulge at C5-6 (2014); electromyography, nerve conduction studies of the upper and lower extremities (8-19-14) normal; MRI of the lower back (1-9-15) with abnormalities. Treatments to date include acupuncture, physical therapy and chiropractic treatments, which were helpful with pain; H-wave unit with benefit in pain relief allowing her to decrease her pain medication; medication: methocarbamol. In the progress note dated 7-8-15 the treating provider's plan of care included requests for cervical epidural at C5-6; continued use of H-wave unit as well as necessary replacement pads. The request for authorization dated 7-8-15 indicated cervical epidural at C5-6; H-wave unit as well as the necessary replacement parts. On 7-28-15 utilization review evaluated and non-certified the requests for cervical epidural injection based on no radicular findings on examination to support the request; H-wave unit as well as replacement

pads based on no indication of pain management consults, no verification of medication reduction or increased functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Cervical epidural injection at C5-C6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.

H-Wave unit as well as the necessary replacement pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The H wave as well as necessary replacement pads are not medically necessary per the MTUS Guidelines. The MTUS recommends the H wave for particular conditions not recommended as an isolated intervention but 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). The MTUS states that there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The 9/2/15 progress note states that the patient has failed conservative measures including the H wave, which has failed to improve the patient's condition. This is in conflict from the 8/5/15 progress note that states that the H wave improves the patient's mobility, functionality and allows 100% pain relief for 2 hours as well as reduced medication intake. Due the conflicting documentation regarding any significant objective functional improvement from the H wave the request for this unit is not medically necessary.