MAXIMUS Federal Services

Case Number:	CM15-0176484		
Date Assigned:	09/17/2015	Date of Injury:	08/13/2013
Decision Date:	10/21/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old female who sustained an industrial injury on 8-13-13. The injured worker reported discomfort in the lumbar spine and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for facet arthropathy at L4-L5 and L5-S1, status post left L5-S1 laminotomy and lateral recess decompression (7-24-14), L5-S1 disc herniation, L4-5 and L5-S1 disc degeneration and L5-S1 stenosis. Medical records dated 8-7-15 indicate pain rated at 5 out of 10 without medication and 1 to 2 out of 10 with medication. Records indicate improving of the injured workers activities of daily living. Provider documentation dated 8-7-15 noted the work status as temporary totally disabled. Treatment has included lumbar spine magnetic resonance imaging (2-25-15), hydrocodone-acetaminophen since at least July of 2014, Ibuprofen since at least July of 2014, Tramadol since at least July of 2014, status post left L5-S1 laminotomy and lateral recess decompression (7-24-14), nerve conduction velocity study, injection therapy, physical therapy, exercise, radiofrequency ablation from L4-L5 and L5-S1 (6-26-15), Tylenol and Zofran. Objective findings dated 8-7-15 were notable for tenderness to palpation to the paravertebral muscles and left buttock, facet-loading test positive. The treating physician indicates that the urine drug testing result (8-7-15) showed no aberration. The original utilization review (8-22-15) denied a request for a purchase of the H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of the H-wave unit: 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 MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review; however, there is no documentation the patient has underwent trial use nor is there any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs demonstrated. No trial treatment of TENS unit has occurred or failed nor any outcome from functional restoration approach been identified. The Purchase of the H-wave unit is not medically necessary and appropriate.