MAXIMUS Federal Services

Case Number:	CM15-0079202		
Date Assigned:	04/30/2015	Date of Injury:	05/01/2003
Decision Date:	06/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 59 year old female, who sustained an industrial injury on May 1, 2003. She was diagnosed with a lumbar sprain, lumbar disc herniation, and lumbar radiculopathy of the lower extremities and sacroiliitis of the right sacroiliac joint. Treatment included pain medications, epidural steroid injection, and diagnostic imaging. Currently, the injured worker complained of severe pain on her right buttock with tingling and numbness radiating down into the lower leg. The treatment plan that was requested for authorization included bilateral sacral joint injection under fluoroscopy guidance and H-wave unit three-month rentals with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 joint injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): SI Joint injections, page 300.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for bilateral S1 joint injections. The clinical documents state that the patient has had previous injections, with no report of relief. There is lack of documentation that the patient has failed conservative treatment prior to the request. According to the clinical documentation provided and current MTUS guidelines; bilateral S1 joint injections is not medically necessary for the patient at this time.

H-wave unit 3 month rental with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) page 117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for H-Wave. MTUS guidelines state the following: H Wave is not recommended as an isolated intervention, but a one-month trial may be considered for a option for diabetic neuropathic pain, or chronic soft tissue inflammation, if used as an adjunct to a program and if the following modalities have failed, including physical therapy, conservative care, medications and a TENS unit. There is lack of documentation that the patient has failed conservative treatment prior to the request. According to the clinical documentation provided and current MTUS guidelines; H-Wave is not medically necessary to the patient at this time.