

<b>Case Number:</b>	CM15-0093826		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Emergency 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 45 year old male, who sustained an industrial injury on 1/27/00. The injured worker has complaints of low back pain. The documentation noted that with prolonged standing or walking, he has sharp pain on the right buttock are and he also notices some "weakness" in holding his stool. The diagnoses have included chronic low back pain; lumbar disc disease status post lumbar laminectomy in 2002 and some complaints of sphincter weakness. Treatment to date has included home exercise program; soma, celebrex and urine drug screen. The request was for office visits; reports and H-wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127, 156; Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions, Chronic Pain Treatment Guidelines page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested Office Visit is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has low back pain. The treating physician has not documented the medical necessity for additional office visits, nor the frequency or quantity. The criteria not having been met, the request for Office Visit is not medically necessary.

**Reports:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127, 156; Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag indications, Chronic Pain Treatment Guidelines Page 1, Introduction Page(s): 1.

**Decision rationale:** The requested Reports, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary The injured worker has low back pain. The treating physician has not documented the medical necessity for special reports other than the standard reports considered inclusive in Evaluation and Management Coding. The criteria not having been met, the request for Report is not medically necessary.

**H-Wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Therapy Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pages 117-118, H-Wave Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The requested H-Wave, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used 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 injured worker has low back pain. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria not having been met, the request for H-Wave is not medically necessary.