

Case Number:	CM13-0002241		
Date Assigned:	05/16/2014	Date of Injury:	01/16/2013
Decision Date:	07/11/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31-year-old female, who has submitted a claim for lumbar disc with radiculitis, associated with an industrial injury date of January 16, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. Low back pain was described as, starting from left low back, radiating over the lateral aspect of the right upper thigh, and crosses over the knee. The patient described the pain as burning, sharp-shooting, tingling, numbness, pinprick, stabbing, deep-pressure, tightness and spasms. On physical examination of the lumbar spine, range of motion (ROM) was limited in flexion, extension, lateral rotation and internal bending with increase in right-sided lumbar pain, in flexion and extension. Right and left lateral rotation, with extension, elicits right lumbar pain. Straight leg raise (SLR), was positive on the left. The Gaenslen's test was positive. An MRI of the lumbar spine, dated March 7, 2014, showed L4-5 mild disc degeneration with 1mm circumferential bulge and small midline annular fissure. The treatment to date has included medications, H-wave therapy, physical therapy and heating pads. The utilization review from July 1, 2013 denied the request for H-wave unit times three (3) months, because there was no documented previous trial of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT TIMES THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The Chronic Pain Guidelines indicate that H-wave therapy is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive conservative option if used as an adjunct to a program of functional restoration, following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, patient had prior use of a TENS unit; however, the duration of its treatment period was not specified to determine the outcome of therapy. Moreover, the present request failed to specify the body part to be treated, as well as, if the device is for rental or purchase. The request is incomplete; therefore, the request is not medically necessary.