

Case Number:	CM13-0010012		
Date Assigned:	10/08/2013	Date of Injury:	11/27/1995
Decision Date:	03/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 51 year old male with date of injury 11/27/1995. There were no evaluations provided for review besides the requests for authorization and patient survey on H-Wave use. The progress notes summarized by claims administrator included progress note dated 6/4/2013 when the claimant complained of left knee and low back pain with radiation into the buttock area and thigh. His complaints were greater on the right, and some on the left. He reported numbness and tingling in the buttock and posterior thigh region. The current medications included Cyclobenzaprine, Ibuprofen, Medrox Patch and Nabemetone. On exam forward flexion was 40 degrees, extension 10 degrees and bilateral lateral bend and bilateral rotation 20 degrees. Pain was noted with range of motion testing. He had tenderness to palpation of the paraspinal musculature. Straight leg raise was positive. X-rays of the lumbar spine in the office that day revealed mild disc space narrowing at L5-S1. The treatment plan included MRIs of the left knee and lumbar spine, EMC/NCV studies of the lower extremities, therapy three times a week for four weeks and ice and anti-inflammatories. The primary diagnosis is displacement of lumbar intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Per addendum to progress note, dated 5/16/2013, the claimant reported the following observations after initial treatment with the home H-Wave. On a scale of 10 level dropped from 4 to 2 for a 50% improvement. On a scale of 10 range of motion and/or function improved from 5 to 2 or 60%. Overall the claimant reported range of motion and/or function increased. Following review of the documentation provided for review, it appears that the claimant and treating physician have utilized other modalities to improve the claimant's condition that are consistent with the recommendations prior to pursuing H-wave electrostimulation therapy. A trial of H-wave stimulation therapy has proven successful with the claimant. The request for H-Wave unit purchase is determined to be medically necessary.