

Case Number:	CM13-0022479		
Date Assigned:	03/14/2014	Date of Injury:	11/30/2011
Decision Date:	05/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 has filed a claim for lumbar disk bulge associated with an industrial injury date of November 30, 2011. The utilization review from August 29, 2013 denied the request for H-wave unit due to lack of documentation of failed conservative therapy. The treatment to date has included opioid and non-opioid pain medications, lumbar fusion, and physical therapy. The medical records from 2012 through 2013 were reviewed showing the patient having ongoing post operative low-back pain with burning sensation in the toes. Physical exam demonstrated decreased lumbar range of motion. Sensory and reflexes were normal. Motor exam was decreased in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT 30 DAY TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: As stated in of the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month

trial may be considered if used as an adjunct to a program of evidence-based functional restoration. There should be a failure of conventional therapy, including physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS) unit prior to consideration of a trial. In this case, the patient is status post lumbar fusion and has undergone physical therapy and medication treatment. There is no documentation concerning failure of a TENS unit trial. In addition, the exact functional deficits of this patient were not clearly indicated in the progress notes. Therefore, the request for a 30 day trial for H wave unit is not medically necessary.