

Case Number:	CM13-0043520		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2011
Decision Date:	02/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39-year-old male with date of injury on 08/13/2011. The progress report dated 09/26/2013 by [REDACTED] indicates that the patient's diagnoses include: 1.) Status post L5-S1 decompression and discectomy. 2.) Status post ALIF with posterior instrumentation and fusion at L5-S1. The patient continues with right leg discomfort intermittently which is gradually improving. The patient has returned to work and is working modified duty. He is cutting down on his medications. He reports that the H-wave device has been helping. Physical indicates he has no gait disturbance. He can toe walk and heel walk. He appears to be vascularly intact. He has a 4+/5 strength in the left gastroc. The request was made for an extension of 3 months rental for the H-wave unit was requested which was denied by the utilization review letter dated 10/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month extension of the rental of an H-wave unit for the lumbar spine: Overturned

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 H-wave Stimulation Page(s): 117-118.

Decision rationale: The patient presents with right leg discomfort intermittently. This is gradually improving. The patient has been using H-wave unit at home which he reports as helping. The patient has returned to work and is working on light duty. The patient has recently completed pool therapy and continues in land-based physical therapy. MTUS page 117 regarding H-wave stimulation state that trial periods for more than 1 month should be justified by documentation submitted for review. The records appear to indicate that this patient has had a positive response with H-wave unit therapy. He continues to improve and has returned to work and is working with light duty. It was also noted that the patient has been cutting back on pain medication. The treating physician had previously refilled the patient's Norco at 5/325 and is now recommending he take a half a tablet at a time. The 3-month extension of the H-wave unit trial appears to be reasonable at this time as it has been documented that patient is continuing to progress and improve. He is returning to work and working light duty. The patient is also decreasing the amount of medication use. Therefore, authorization is recommended.