MAXIMUS Federal Services

Case Number:	CM13-0048019		
Date Assigned:	04/04/2014	Date of Injury:	09/09/2009
Decision Date:	06/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 is an employee of [redacted]. and has submitted a claim for displacement of thoracic or lumbar intervertebral disc without myelopathy and sciatica associated with an industrial injury date of 9/9/09. Treatment to date has included physical therapy, use of a TENS unit, use of an H-wave unit, and unspecified medications. Medical records from 2013 were reviewed, showing that the patient has been complaining of numbness and weakness in the leg resulting in difficulty doing sedentary work. The most recent progress report on 10/2/13 had no recorded subjective complaints. Physical examination showed that range of motion of the lumbar spine and hip were within normal limits without the presence of pain. Motor strength was 5/5 at all extremities, except for the ankle dorsiflexor which was 4/5 at the left. Plantar reflexes were absent bilaterally. Supine and seated straight leg raising tests were both positive on the left. The patient was not able to perform toe-walking and heel-walking. An electrodiagnositc study of the lower extremities, dated 9/20/13, showed no abnormalities from nerve conduction studies, or electromyography

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on pages 117-118 of the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-wave is more effective than TENS as an initial treatment. In this case, a note written on 10/2/13 stated that the patient had already tried a TENS unit at home, and it was ineffective. However, there was no documentation regarding the initial date and duration of its use. The earliest progress report mentioning the H-wave unit was dated 4/29/13. In a survey report, the patient stated that the use of H-wave unit resulted in a decreased need for oral medications. Likewise, he had greater overall function by being able to perform more activities. However, there was no documentation regarding the decreased dosage or frequency of use of medications, as well as the specific activities of daily living that he is now able to accomplish. Furthermore, there was no evidence that the patient was still continuing a home exercise program, which is the recommendation as an adjunct to H-wave treatment. There is no documentation of a short-term and long-term treatment plan from the physician. As such, the request is not medically necessary.