MAXIMUS Federal Services

Case Number:	CM13-0050960		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2013
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported a work-related injury on 06/14/2013 to her lumbar spine. The injured worker's MRI of the lumbar spine dated 08/19/2013 revealed disc desiccation at L1-2 through L5-S1 with annular bulge and small posterolateral tear to L3-4 disc and a posterior bulge at L4-5 with a left posterolateral annular tear and a posterior annular bulge with tear at L5-S1. The injured worker's diagnoses included lumbar sprain/strain, lumbar region, and lumbar myospasm. The injured worker has undergone physical therapy treatments and chiropractic treatments. Her medications include over-the-counter Tylenol ES. The clinical note dated 11/08/2013 stated the injured worker was approved for a 1-month trial of H-Wave unit. A request has been made for H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT: Upheld

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

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

Decision rationale: Per clinical note dated 11/13/2013, the injured worker reported she left work due to increased lower back pain. The injured worker was noted to have a positive straight leg raise at 45 degrees on the right and a positive Kemp's test on the right with a negative on the left. Other objective findings included increased range of motion with lumbar flexion at 41 degrees and decreased active at 14 degrees with increased leg strength. The clinical note dated 12/04/2013 stated the injured worker was showing signs of functional improvements with therapeutic care versus medication/drug care. The injured worker was noted to have decreased spasm on the right and left and decreased range of motion with increased leg strength on the right and a negative Kemp's. California MTUS Guidelines for Chronic Pain state that H-Wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care to include physical therapy and medications plus a TENS unit. Guidelines state that the 1-month H-Wave stimulation trial should be documented as to how often the unit was used as well as outcomes in terms of pain relief and function. Trial periods of more than 1 month should be justified by documentation submitted for review. There was a lack of documentation noting the efficacy of the injured worker's H-Wave unit. There was no documentation stating the injured worker had pain relief and increased function due to the use of the H-Wave unit. There was no pain relief noted for the injured worker and no functional benefits which could be objectively measured due to the use of H-Wave. Therefore, the decision for H-WAVE UNIT is non-certified.