

Case Number:	CM13-0053255		
Date Assigned:	04/25/2014	Date of Injury:	08/16/2011
Decision Date:	07/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal 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 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 27 year old male who reported an injury on 08/16/2011. The mechanism of injury was reported as being caught between a forklift and a container of cement and dirt weighing 300 pounds. The diagnoses included chronic pain syndrome and lumbar pain with radiculopathy. Per the 07/11/2013 progress report, the injured worker reported pain in his low back which he treated with medications. Per the 07/23/2013 agreed medical evaluation, the injured worker had tenderness to palpation of the paravertebral muscles of the iliolumbar region at L4-5, left greater than right. Percussion of the spinous processes was noted to be positive with pain at L4-5 and L5-S1. Deep tendon reflexes in the ankles and knees were noted to be hypoactive. The injured worker was noted to have gross motor weakness in the quadriceps and extensor hallucis on the left. Sensation was noted to be intact. The injured worker was noted to have active straight leg raising to 55 degrees on the right and 45 degrees on the left. Per the 08/21/2013 physical therapy note, the injured worker reported low back soreness from the exercises but felt like he was standing up straighter and heading in the right direction. It was noted to be the third visit out of eight. The request for authorization form for a Home H-wave Device was submitted on 10/10/2013. It noted that physical therapy, medications, and a home trial of TENS had already been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE- ONE MONTH TRIAL: 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): 114-121.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend H-wave stimulation (HWT) as an isolated intervention, but a one-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, including recommended physical therapy, medications, plus transcutaneous electrical nerve stimulation (TENS). The request for authorization form noted medication, physical therapy, and a TENS trial had been tried. It stated TENS was used for over one month and did not provide adequate relief. There is a lack of documentation regarding the TENS trial to verify that adequate relief was not provided. The medical records provided indicate the injured worker had completed 3 sessions of physical therapy out of 8 and felt like he was improving. There is a lack of documentation regarding the completion of physical therapy to verify the failure of treatment. The efficacy of the injured worker's medication regimen is also unclear. Based on this information, the request is not medically necessary and appropriate.