

Case Number:	CM13-0056041		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2012
Decision Date:	03/28/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old female who reported injury on 07/03/2012. The mechanism of injury was noted to be the patient started having low back and left hip pain on 06/03/2012 and from 07/03/2012 through 07/06/2012 the patient was continuously sitting at a computer inputting information and the patient's pain got worse. There was a lack of a specific injury with the exception of the patient sitting at the computer inputting a project. The patient's prior treatments were noted to include pain medications and anti-inflammatories and physical therapy. Patient had an epidural steroid injection. The patient had an L3-4 and L4-5 microdiscectomy and foraminotomy on 07/23/2013. The patient was noted to have muscle spasms in the left flank and thoracolumbar junction rated a 6/10 on the VAS. The physical examination revealed the patient had no evidence of weakness walking on the heels or toes and the patient walked with a normal gait and had a normal heel to toe swing through the gait. The patient was intact to light touch and pinprick in the bilateral lower extremities. The patient had decreased range of motion and extension and left lateral bend. The assessment was noted to be L3-4 and L4-5 disc herniation, left leg radiculopathy, left L3-4 and L4-5 stenosis and status post L3-4 and L4-5 microdiscectomy and foraminotomy. The request was made for an H-wave unit to aid in the healing process and decrease inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Home H-Wave Device for One month Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H- wave Stimulation.

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

Decision rationale: California MTUS Guidelines do not recommend an H-wave stimulation device as an isolated intervention. However, they do recommend a 1 month trial for neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based restoration and following the failure of initially recommended conservative treatment including recommended physical therapy, medications, and a transcutaneous electrical nerve stimulation device (TENS). Clinical documentation submitted for review, failed to indicate the patient would be using the device as an adjunct to a program of evidence-based restoration, and failed to indicate the patient had a failure of physical therapy, medications and a trial as well as a TENS. Given the above, the request for durable medical equipment home H-wave device for 1 month trial is not medically necessary.