

Case Number:	CM13-0056061		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2010
Decision Date:	06/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neurological Surgery, 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 employee is a 47-year-old who states that she sustained a work-related injury due to repetitive motion on January 3, 2010. The injured employee was most recently seen on January 17, 2014. It was stated at this time that the employee had previously had a one-month trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit use. The injured employee also currently uses an H wave unit twice a day for about an hour, which was stated to help quite a bit and provide about a 75% decrease in pain, increase the injured employees walking tolerance, allow her to work a 40 hour work week, and participate in activities of daily living. No formal physical examination was conducted on this date. There was a diagnoses of chronic low back pain, chronic pain syndrome, lumbar radiculitis and a cervical sprain/strain. There was a request for use of an H wave unit. A previous independent medical review, dated October 24, 2013, did not make medically necessary the usage of 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 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 117-118

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically state that an H wave unit is to be 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 (i.e., exercise) and medications, plus Transcutaneous Electrical Nerve Stimulation (TENS). There is no evidence in the attached medical record of the injured employee's participation in an evidence-based functional restoration program. Nor is any information provided regarding their failure to improve with conservative care such as physical therapy and medications. Additionally the injured employee did state that there was improvement noted with the use of a TENS unit. An H wave unit is only recommended for usage after failure to improve with the use of a TENS unit. The request for H-wave unit for the lumbar spine is not medically necessary or appropriate.