

Case Number:	CM13-0059304		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2011
Decision Date:	05/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Pulmonary Diseases 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 51 year old female that reported an injury on 11/06/2011, with a mechanism of injury as bending and lifting paintings. The clinical note dated 05/30/2013 noted the injured worker reported right sided low back pain. Medications listed at the clinical visit included: Aciphex 20 mg tablet, Norco tablet 10/325 mg tablet 1 at bedtime, and Robaxin 500mg 1 tablet three times a day. Examination noted tenderness at L4-5, paraspinal spasm on right and left side, trigger points at L4, L5 and sciatic-right side. Range of motion was 50 percent reduced. Sensory exam was abnormal as there was reduced sensation in the foot. Deep tendon reflexes were abnormal with a reduced ankle jerk, and reduced knee jerk, positive straight leg raise, and gait abnormal. Diagnosis for the injured worker was chronic lumbar strain, Right sciatica Treatment plans include: Prescriptions refilled during the visit. The injured worker was to have follow-up in 6 weeks. Clinical note dated 6/21/2013, noted that the injured worker complains of pain, exhibited decreased range of motion and exhibited impaired activities of daily living. Diagnosis of constant low back pain with radiculopathy in the right lower extremities decreased with pain, and leg weakness affecting activities of daily living was noted. Prior treatment provided included a right L4-L5 epidural steroid injection dated 02/22/2013. No surgeries or other conservative care were provided for review in the medical records. No treatment plan was noted on this clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE SYSTEM FOR HOME USE (FOR PURCHASE): Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention; however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). Trial periods of more than one month should be justified by documentation submitted for review. The documentation did not provide a trail of thirty days with the efficacy of the use of the H-wave. The documentation provided did not include failed conservative care, such as physical therapy, use of a TENs unit or failed medications. The request for the H-wave is not for a 30 day trial but for purchase, therefore the request is non-certified. The H-wave was not being requested adjunct to other conservative care.