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| Case Number: | CM13-0068599 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/12/2004 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 53-year-old male with a 7/12/04 date of injury. At the time of request for authorization for H-wave unit - lumbar spine, there is documentation of subjective (chronic low back pain radiating to the right lower extremity with numbness and tingling) and objective (lumbar paraspinal spasms and sciatic notch tenderness bilaterally, decreased lumbar range of motion, positive straight leg raising bilaterally, decreased strength in the extensor hallucis longus, gastrocnemius and peroneus longus bilaterally, and decreased sensation in the lower extremities) findings, current diagnoses (lumbar spondylosis, stenosis and herniated nucleus pulposus, and bilateral lower extremity radiculopathy), and treatment to date (medications). There is no documentation of chronic soft tissue inflammation and the H-wave will be used as an adjunct to a program of evidence-based functional restoration, and failure of additional conservative care (physical therapy and transcutaneous electrical nerve stimulation (TENS)).

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit - lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic soft tissue inflammation and the H-wave will 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), as criteria necessary to support the medical necessity of H-wave. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, stenosis and herniated nucleus pulposus, and bilateral lower extremity radiculopathy. In addition, there is documentation of failure of initially recommended conservative care (medications). However, there is no documentation of chronic soft tissue inflammation and the H-wave will be used as an adjunct to a program of evidence-based functional restoration. In addition, there is no documentation of failure of additional conservative care (physical therapy and transcutaneous electrical nerve stimulation (TENS)). Therefore, based on guidelines and a review of the evidence, the request for H-wave unit - lumbar spine is not medically necessary.