

Case Number:	CM13-0068760		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2013
Decision Date:	05/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 30-year-old male who reported an injury on 04/07/2013. The mechanism of injury was the injured worker was walking down steps and slipped and fell with his feet going forward. Documentation of 10/08/2013 revealed the injured worker had no significant change in his symptoms. The physical examination was deferred. The injured worker's complaints were pain on the right flank and low back. The documentation on 11/12/2013 revealed the injured worker had complaints of pain, exhibited impaired range of motion, and exhibited impaired activities of daily living. It was indicated the injured worker had trialed physical therapy, medication, and a TENS unit for 3 weeks which did not provide adequate relief. The diagnoses included L4-5 disc displacement, lateral recess stenosis, disc degeneration, and left leg radiculopathy. The treatment plan included a TENS unit, a lumbar epidural steroid injection, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY TRIAL OF A H-WAVE UNIT AND SUPPLIES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT)..

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

Decision rationale: The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a 1 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). The clinical documentation submitted for review indicated the injured worker had trialed physical therapy, medications, and a TENS unit. However, there was a lack of documentation indicating the injured worker would be utilizing the H-wave as an adjunct to a program of evidence based restoration. Given the above, the request for a 30 day trial of an H-wave unit and supplies is not medically necessary.