

Case Number:	CM13-0070115		
Date Assigned:	01/17/2014	Date of Injury:	09/12/2011
Decision Date:	06/20/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 patient is a 42 year old male who was injured on 09/12/21011 while he sustained a fall. Diagnostic studies reviewed included an MRI of the lumbar spine dated 01/24/2012 showing L5-S1 central 1 mm disc protrusion and mild left facet hypertrophy. Plan: Continue HEP. Psychiatric Occupational Report dated 11/26/2013 documented there were no clinical changes reported with exception of waxing and waning low back pain. Examination of the lumbar lordosis revealed tenderness over paralumbar extensors (with some guarding), tender over the facet joints and no tenderness over the SI joints, gluteus medius or greater trochanters. ROM is 75% of normal in flexion, 75% in extension and rotation and lateral bend is 75% to the right and 75% to the left. Facet loading maneuver was equivocal bilaterally. The lower extremity examination reveals 5/5 motor strength at major muscle groups bilaterally. Sensation was to light touch and pin wheel intact bilaterally. Reflexes were 2/4 at knees and ankles bilaterally. SLRs negative bilaterally. Ankle clonus was absent bilaterally. Babinski reflex was negative bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIFUNCTIONAL H-WAVE STIMULATOR: 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, H-WAVE STIMULATION (HWT), 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: As per CA MTUS guidelines, H-wave unit is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if 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). In this case, there is documentation that the patient has persistent low back pain with associated numbness and tingling down the legs. The progress report dated 11/26/2013 indicates tenderness and guarding over paralumbar extensors and ROM restricted 75%. The neurological exam showed normal sensation, motor strength, and DTRs. The MRI showed no significant pathology and EMG study was normal. The treatment history includes medications, acupuncture, physical therapy, and chiropractic treatment; however, there is no documentation of trial and failure of TENS unit. Therefore, the request for multifunctional stimulator H-wave unit is not medically necessary.