

Case Number:	CM14-0002971		
Date Assigned:	01/31/2014	Date of Injury:	06/27/2013
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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:

This is a 31-year-old employee of [REDACTED] with a 6/27/13 date of injury. The patient reports that he was unloading handrails weighing about 200 to 300 pounds from the work truck, when his foreman slipped and some rails fell onto the patient. The 9/13/13 doctor's report indicates persistent low back pain. Physical exam demonstrates moderate tenderness and tightness of the mid to lower thoracic spine with increased pain on extension. Straight leg raise test is negative. An 11/27/13 progress report addendum indicates that the patient complains of pain, exhibits impaired range of motion and impaired activities of daily living. A TENS trial has reportedly failed; the patient has undergone 18 sessions of physical therapy and has attempted medication. Physical therapy progress reports from 2013 were reviewed, corroborating an appropriate course of care with no significant symptomatic improvement. A 10/29/13 lumbar MRI demonstrates bulging of the annulus at L4-5, and bilateral foraminal narrowing at L5-S1 with encroachment upon the L5 nerve roots in the neural foramina.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , H-WAVE THERAPY, 117-118

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month home-based trial of H-wave stimulation may be indicated for chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration. This type of therapy should be tried only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient presents with persistent low back pain recalcitrant to attempts at physical therapy, medication, and a TENS trial. However, before home H-wave can be considered, a 30-day H-wave trial would be required. The request as submitted does not indicate that a trial is requested. There is no evidence that a TENS trial was properly assessed, as the only medical report referring to a TENS trial is a progress report addendum pertaining to the H-wave unit; ongoing progress reports did not discuss TENS trial outcomes. As such, the request is not medically necessary.