

Case Number:	CM14-0004851		
Date Assigned:	02/05/2014	Date of Injury:	10/19/2011
Decision Date:	08/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female with a 10/19/11 date of injury. She was injured while changing a student in a standing position which required bending down to remove shoes. On 11/25/13, the patient noted improvement since the operation. The patient has muscle cramping that extends from the knee into the patient's left ankle. Objective: unremarkable. On 11/26/13, a supplemental report indicates that the patient has noticed a decrease in medication intake, an ability to walk further, sleep better, and an increased ability to perform her activities of daily living and an additional H-wave unit rental x 3 months is requested. Diagnostic Impression: anxiety, depression, Lumbar Radiculopathy, Sleep disorder. Treatment-to-date: acupuncture, medication management, s/p L5-S1 laminectomy/microdiscectomy on 11/13/13. A UR decision dated 12/31/13 denied the request for the H-wave unit because there is no documentation of a failed TENS trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-WAVE, 30 DAY HOME TRIAL: Upheld

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

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

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of failure of a TENS unit trial prior to this request for an H-wave unit trial. Although it is noted in the documentation that the patient has improvement of their symptoms with the H-wave unit after the trial, the initial trial was not supported by guidelines. Therefore, the request for 1 H-wave, 30 day Home Trial was not medically necessary.