MAXIMUS Federal Services

Case Number:	CM14-0012692		
Date Assigned:	06/11/2014	Date of Injury:	06/10/2012
Decision Date:	07/28/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and 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:

This 46 year-old female [redacted] sustained a low back injury on 6/10/12 while employed by [redacted] Conservative care has included consultations with specialists, medications, x-rays, MRIs, epidural injections, facet blocks, physical therapy, and activity modification/rest. The report from 12/6/13 noted a checked box that the TENS unit did not provide adequate relief/benefit. The patient was seen for follow-up of chronic ongoing low back complaints. Physical therapy was completed. Medications include Norco and Naproxen. Exam noted antalgic gait and positive trigger points. Treatment included H-wave, urine drug screening, and medications. A final orthopedic report of 5/2/14 noted the patient with constant lower back pain radiating to the right leg with numbness. Exam showed normal cervical and upper extremity range of motion without tenderness, thoracic/lumbar spine showed tenderness, limited range of motion, and positive straight leg raise at 30 degrees with decreased strength of 4/5 diffusely and normal sensation. Diagnoses included lumbar disc herniation without myelopathy and lumbar neuritis/radiculitis. The patient was declared to reach maximal medical improvement with future medical for therapy and acupuncture for flare-ups along with anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNITY X 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-118.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, H-wave 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). Submitted reports have not demonstrated having met these criteria. Also, the patient is continuing with a home exercise program. As such, the request is not medically necessary.