

Case Number:	CM14-0016511		
Date Assigned:	04/11/2014	Date of Injury:	09/11/2013
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

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 40 year old male who was injured on 09/11/2013 as he was lifting a heavy box off the floor and immediately dropped the box because of low back pain. Prior treatment history has included chiropractic treatment including stimulation and back adjustments. He received about 4-6 treatments. The patient's medications include Naproxen. The patient has had no prior treatment with the use of a TENS unit. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/30/2013 revealing the following impression: 1. L4-L5 disc desiccation and central and left paracentral 5 mm disc bulge with compression of the exiting L5 nerves, left worse than right. 2. L5-S1 Disc desiccation and posterior 3-4 mm disc bulge. 3. Facet arthropathy. There is slight neuroforaminal narrowing on the left at L4-L5. 4. Absence of normal lordosis. The spine is straight. PR-2 dated 12/16/2013 documented the patient stating he is feeling better. He complains of different symptoms in his back. He feels more tension in the lower back and hips with continued same numbness in his right lower extremity. Objective findings on exam revealed overall posture improved with decreased current minimal lateral listing and decreased antalgia. Range of motion lumbar spine is improved to 30 degrees of flexion and 14 degrees of extension. Truncal stiffness and paralumbar spasm. Continue with positive SLR on the right and positive lumbosacral tenderness and affect loading maneuvers. Continue with tender and hypomobile right SI joint. He is neurologically unchanged with sensory deficit right L5 and S1 dermatomes. Diagnosis: 1. Lumbosacral sprain/strain with right radiculitis. 2. Lumbosacral and right sacroiliac joint segmental dysfunction. PR-2 dated 12/26/2013 documented the patient relates no significant relief despite not working for the past week. He remains with quite a bit of pain about his low back with more numbness and weakness in his right lower extremity. He feels a lot of pressure in

his low back. Sleep remains disrupted. He remains with quite a bit of intolerance for sitting, standing or walking for a few minutes. He obtains most relief when lying prone. VAS 7/10. Oswestry low back score 58%. Objective findings on exam reveal continued mild antalgia and frequent changes of body position between sitting and standing. The patient appears uncomfortable. Diagnosis: 1. Lumbosacral sprain/strain with right radiculitis. 2. Lumbosacral and right sacroiliac joint segmental dysfunction. Treatment: Patient is seen in f/u for a recent flare-up of his back. PR-2 dated 01/09/2014 documented a diagnosis of: 1. Lumbosacral sprain/strain with right radiculitis. 2. Lumbosacral and right sacroiliac joint segmental dysfunction. Treatment: He completed 5/6 authorized chiro therapy/rehab that has been beneficial in normalizing gait and reducing spasm but has not had significant benefit with regards to function. Request one month trial of H-Wave unit. PR-2 dated 01/16/2014 noted the patient completed the authorized course of chiro therapy/rehab with only transient relief. Diagnosis: 1. Lumbosacral sprain/strain with right radiculitis. 2. Lumbosacral and right sacroiliac joint segmental dysfunction. Treatment: The patient is well versed on HEP that includes extension exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH TRIAL USE OF H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H Wave Stimulation Hwt Page(s): 117.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Guidelines detail: "H-wave stimulation (HWT). 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." The records do not demonstrate the patient has met the above criteria (not diabetic, no prior use of TENS). Therefore, this is not medically necessary.