

Case Number:	CM14-0017106		
Date Assigned:	04/14/2014	Date of Injury:	07/03/2013
Decision Date:	12/22/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family 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 54 year old female who sustained an injury to her lumbar spine while at work on July 3, 2013. The diagnoses include lumbar two-three far lateral left intraforaminal disc extrusion/thickened left L2 nerve root, left L2 radiculopathy/radiculitis, left sacroiliac joint dysfunction, and grade I degenerative spondylolisthesis, lumbar five on sacral one. Per the doctor's note dated 7/21/14, she had complaints of low back pain with prolonged sitting activities. The physical examination of the lumbar spine revealed tenderness and spasm, decreased range of motion, normal strength and sensation and positive straight leg raising at 70 degrees bilaterally. She was reaches at maximum medical improvement. The medications list includes ibuprofen. She has had Magnetic resonance imaging dated 9/20/2013 which revealed lumbar two-three far lateral left intraforaminal disc extrusion/thickened left lumbar 2 nerve root; electromyogram dated 12/6/13 which revealed left L3 radiculopathy. She has had TENS in physical therapy visits and acupuncture visits for this injury. Per the utilization form the injured worker would return to work on January 21, 2014. Utilization review dated January 28, 2014 noncertified a request for H wave unit trial. H wave unit trial was non-certified based on the chronic pain medical treatment guidelines because it was an isolated intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, H-WAVE STIMULATION (HWT),

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) 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)." Evidence of diabetic neuropathy is not specified in the records provided. The records provided do not specify a response to previous conservative therapy including TENS and pharmacotherapy for this diagnosis. Evidence of failure of conservative therapy including physical therapy is not specified in the records provided. The medical necessity for H-Wave unit trial is not fully established for this patient at this juncture.