

Case Number:	CM14-0019919		
Date Assigned:	04/28/2014	Date of Injury:	09/10/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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 patient is an employee of [REDACTED] and has submitted a claim for lumbar intervertebral disc displacement associated with an industrial injury date of September 10, 2012. Treatment to date has included oral and topical analgesics, physical therapy, chiropractic therapy, and TENS. Medical records from 2013 to 2014 were reviewed and showed low back pain. There were no significant findings on the latest physical examination except for an increase in pain with stiffness on lumbar flexion at 80 degrees and lumbar extension at 20 degrees. The patient was diagnosed with L5-S1 degenerative disc protrusion of 4mm; L5-S1 facet arthropathy; bilateral L5 foraminal stenosis with resolving radicular leg pain; and L4-L5 disc bulge with facet arthropathy. An appeal was made on February 20, 2014 stating that the patient has completed 16 sessions of physical therapy; has been treated with anti-inflammatory and neuropathic medications; and has undergone TENS unit treatment. In spite of this, the patient continues to have low back pain. A functional restoration program for the patient has been requested, denied and appealed. Utilization review dated February 12, 2014 denied the request for H-wave device rental due to absence of a current functional restoration program and no documented failure of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: Pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. There should be a failure of conventional therapy, including physical therapy, medications, and TENS unit prior to consideration of a trial. In this case, an appeal was made on February 20, 2014 stating that the patient has completed 16 sessions of physical therapy; has been treated with anti-inflammatory and neuropathic medications; and has undergone TENS unit treatment. In spite of this, the patient continues to have low back pain. However, the documents submitted did not show objective measurable outcomes from the said treatments that would support the claim of treatment failure. Moreover, the duration of rental of the device was not stated; the guidelines recommend only a 30-day trial. Therefore, the request for H-wave device rental is not medically necessary.