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| Case Number: | CM14-0137814 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/07/2012 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Emergency 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 injured worker is a 58-year old male who sustained an injury on December 7, 2012. The mechanism of injury is not noted. Diagnostics have included: November 27, 2013 lumbar MRI that revealed spondylosis and slight scoliosis; Electrodiagnostic consultation report dated December 18, 2013 reveals left chronic L5 denervation. Treatments have included: Medications; H-wave; physical therapy. The current diagnoses are: Lumbar sprain with lower extremity radiculitis; disc protrusion L4-5; disc bulge L2-3; osteophytes L3-4. The stated purpose of the request for H-wave unit was to provide pain relief for the injured worker's chronic low back condition. The request for H-wave unit was denied on July 23, 2014 citing a lack of documented extensive conservative care, documentation of objective and functional improvement from previous use of the H-wave unit, and documentation of diabetic neuropathic pain or chronic soft tissue inflammation. Per the report dated August 22, 2014, the treating physician noted that the injured worker was taking ibuprofen and attending therapy. Pain was rated 4-5/10. The injured worker was using H-wave unit once daily for pain relief. Lower back pain was reported as constant with numbness of the left side of the thigh and above the outer part of the knee. Objective findings included tenderness over the posterior superior iliac spine on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested H-wave unit is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, H-wave stimulation, pages 117-118, do not recommend H-wave 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). The treating physician has documented lower back pain and numbness with a VAS rating of 4-5/10. H-wave is being used once daily for pain relief. The treating physician has not documented failed trials of TENS nor provided documentation of symptomatic or functional improvement from previous use of H-wave unit. The criteria noted above not having been met, H-wave is not medically necessary.