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| Case Number: | CM14-0173547 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 04/13/2014 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 New Jersey and New York. 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 56 year-old female who injured her back on 4/13/14. She complained of lower back pain and on exam, had tender points and decreased range of motion of the lumbar spine. An MRI showed L5-S1 disc protrusion with right neural encroachment. An EMG showed mild bilateral L5 and S1 radiculopathy. The patient was diagnosed with myofascial pain, low back pain, lumbar radiculopathy, and lumbar sprain/strain. She was treated with medications such as hydrocodone, cyclobenzaprine, and naproxen, and physical therapy. The patient had H-wave therapy without a documented trial of a TENS unit. She had a reduction of pain with decrease in medications and subjective improvement in functional capacity, with an ability to "walk farther, stand longer, move around a little bit more." However, there was no report of return to work. The patient had improved exercise and range of motion with the use of cyclobenzaprine, anti-inflammatories, and narcotics. She was documented to have made "very minimal gains with physical therapy thus far." The current request is for continued use of the H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation H-wave stimulation (HWT)

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

Decision rationale: The request is not medically necessary. The patient used a home H wave device, which helped reduce and eliminate pain, reduce the need for oral medication. However, according to MTUS guidelines, in order to try an H-wave device, the patient has to have failed conservative therapy such as medications, physical therapy and a trial of a TENS unit. As per the record, while she did not progress with physical therapy, the patient had improved exercise capacity and range of motion with medications. She also did not have a trial of the TENS unit yet. Therefore, the continued use of an H-wave device is not medically necessary at this time.