

Case Number:	CM14-0022472		
Date Assigned:	02/26/2014	Date of Injury:	05/11/2009
Decision Date:	08/04/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This is a 61 year old female with a 5/11/09 date of injury. She is status post L4/5 fusion on 5/5/11 with postoperative physical therapy, and had instrumentation removal on L4/5 on 6/14/12. The patient was seen for follow up on 12/11/13 with complaints of low back pain with numbness in the hip and leg, 6-8/10 on VAS. Her TENS unit has been minimally effective. Exam findings revealed reduced range of motion of the L spine, positive straight leg raise bilaterally, and tenderness over the thoracolumbar and lumbosacral junctions. Gaenslen's test was positive, and tenderness was also noted over the IT band and sciatic notch. The right knee extensors were noted to have 4/5 strength. The diagnosis is low back pain with radiculopathy. The treatment plan is for an H wave unit as the TENS unit has been minimally effective. Treatment to date: PT, TENS unit (minimally effective), surgery, medication management, injections. A UR decision dated 12/26/13 denied the request given there was little documentation of improvement with the H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT AND REPLACEMENT TENS PAD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). This patient has a diagnosis of low back pain with radiculopathy. There is no indication of soft tissue inflammation. The rationale for use of this unit is because the patient's TENS unit was minimally effective. However, there is no evidence that the unit would be used as an adjunct to a method of functional restoration. In addition, there is no statement that this unit is meant to be used as a one-month trial. With regard to the TENS unit replacement pads, the patient stated the TENS unit was minimally effective. An H-wave unit should not be used if the patient is still planning on using her TENS unit. Therefore, the request for an H wave unit and TENS replacement pads is not medically necessary.