

Case Number:	CM14-0031753		
Date Assigned:	06/20/2014	Date of Injury:	11/12/2012
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 52-year-old male who was reportedly injured on November 12, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 28, 2014, indicated that there were ongoing complaints of low back pain with right leg pain and numbness. The physical examination demonstrated spasms of the lumbar spine paraspinal muscles with trigger points along the sciatic, iliac crest and lumbar paraspinal regions. There was reduced lumbar spine range of motion. The neurological examination noted decreased sensation and weakness in the right foot. The current treatment plan included physical therapy as well as continued non-steroidal anti-inflammatory drugs. Epidural steroid injections were also recommended. Diagnostic imaging studies reported degenerative disc disease of L4-L5 and L5-S1. Previous treatment included hot/cold packs and a home exercise program. A request was made for a 30 day trial of an H-wave device for lumbar pain and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device 30 day trial for lumbar pain: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an H-wave stimulation unit can be considered as a treatment 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 physical therapy, medications, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. According to the most recent progress note dated January 28, 2014, the injured employee is currently recommended to continue anti-inflammatory medications and physical therapy. Additionally, there was no documentation of prior usage of a TENS unit. Due to the above stated reasons, this request for a 30 day H-wave trial for lumbar pain is not recommended.