

Case Number:	CM14-0038122		
Date Assigned:	06/25/2014	Date of Injury:	03/22/2004
Decision Date:	08/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male who reported an injury to his lumbar region. No description of the initial injury was provided. The clinical note dated 09/19/13 indicates the injured worker complaining of significant back pain. The note does indicate the injured worker having been diagnosed with an L4-5 and L5-S1 radiculopathy. The injured worker had been offered a surgical intervention but declined in the hopes of continuing with therapeutic treatments. Upon exam, the injured worker demonstrated decreased lumbar flexion with positive sciatic notch tenderness bilaterally. No sensory or motor deficits were identified in the lower extremities. The procedural note dated 01/21/14 indicates the injured worker undergoing an epidural steroid injection at L5-S1. The clinical note dated 02/12/14 indicates the injured worker continuing with sciatic notch tenderness. No motor or sensory deficits were identified. No new injuries were reported. The injured worker did report a substantial decrease in pain following the injections. The clinical note dated 03/18/14 indicates the injured worker being recommended for a 30 day trial of an H-wave unit. The clinical note dated 03/19/14 indicates the injured worker demonstrated decreased lumbar flexion. No motor or sensory deficits were identified. The utilization review dated 03/03/14 indicates the injured worker being recommended for a 30 day trial of an H-wave unit but the request was denied as no objective evidence of neuropathic pain mechanisms were identified in the submitted clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device rental for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an H-wave device rental for one month is not medically necessary. The documentation indicates the injured worker complaining of ongoing low back pain. The use of an H-wave unit is indicated for injured workers for a one month trial provided the injured worker is also undergoing a course of conservative therapy and the injured worker has had a chronic soft tissue injury or neuropathic related findings are identified in the lower extremities. No information has been submitted regarding the injured worker's soft tissue injury. Additionally, no neuropathic findings have been identified in the clinical notes. It is unclear if the injured worker has completed a full course of conservative therapy or if the treatment is ongoing in addition to the recommended H-wave unit. Given these factors, the request is not fully indicated as medically necessary.