

Case Number:	CM14-0046104		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2005
Decision Date:	09/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 North Carolina. 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 patient is a 33-year-old with a reported date of injury of 08/09/2005. The patient has the diagnoses of left lower extremity lumbar radiculopathy and rule out disc herniation. Per the progress notes provided by the requesting physician dated 08/15/2013, the patient had complaints of low back pain with lower extremity pain and radiculopathy symptoms. The physical exam noted tenderness with spasm in the right and left paraspinals column, left sciatic notch tenderness, decreased sensation on the left lower extremity in dermatomes L4-S1 and restriction in range of motion. Treatment recommendations included EMG/NCV, x-ray and MRI of the thoracic and lumbar spine, acupuncture, back brace, medications and a 30-day trial of H-wave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation.

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave therapy states, H-wave stimulation (HWT). Not recommended 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). There is no documentation of failure of TENS unit provided. The therapy is also not being used as an adjunct to a program of evidence-based restoration. For these reasons, the request is not medically necessary.