

Case Number:	CM14-0059799		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2011
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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, 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:

33 year old woman who injured her low back when lifting a dog crate at work on 7/1/2011. Diagnostic work-up was significant for L5-S1 disc herniation. She received physical therapy and medication. She underwent a L5-S1 microdiscectomy and medial facetectomy, with recurrent disc herniation at L5-S1. Treatment included LESI x4, and surgery. She underwent a right L5-S1 laminectomy and redo microdiscectomy on 3/31/2014. Physical exam was significant for 4+/5 right ankle dorsiflexion and plantar flexion and decreased lumbar extension. Diagnoses: 1. Right leg radiculopathy. 2. L5-S1 disc herniation, status post right L5-S1 microdiscectomy. 3. Recurrent disc herniation at L5-S1 s/p right L5-S1 microdiscectomy, laminectomy and medial facetectomy. 4. Right greater trochanter bursitis. H-wave was requested and denied because the functional improvement was not quantified.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) H-Wave Stimulation (HWT) Page(s): 117.

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

Decision rationale: The PTP has been treating the patient for chronic pain. A TENS units was requested but there is no indication it was approved. An H-wave was dispensed and the 3/31/2014 progress notes only states this "helps improve her symptoms." The CA MTUS and ODG only recommends use of H-wave following failure of conservative care including PT, medications and TENS. There was reportedly a report by H-wave that documented benefit but this was not included with the medical records. The IMR process requires that the reviewer determine if the medical records provided meet the criteria for approval. There is insufficient information in the medical records provided to pass the standards set by the CA MTUS and ODG. Therefore, the request for H-Wave Purchase is not medically necessary.