

Case Number:	CM14-0085628		
Date Assigned:	07/23/2014	Date of Injury:	09/02/2013
Decision Date:	09/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The injured worker is a 42-year-old female who reported an injury on 09/02/2013, when she was picking blueberries with cans around her waist, tripped on a dirt clod, and fell directly on her buttocks, causing back pain, buttocks pain, and coccyx pain. The injured worker complained of lower back pain, coccyx pain, right buttocks, and right thigh pain. The diagnoses included bilateral L4-5 and L5-S1 facet pain, and coccyx pain. Prior treatments included physical therapy and injections to the facet blocks, along with home exercise program. The electrodiagnostic study dated 12/18/2013 revealed no evidence of lumbar radiculopathy bilaterally, no evidence of generalized myelopathy, no evidence of generalized sensory or motor peripheral neuropathy, and no evidence of lumbar plexopathy. The MRI dated 10/28/2013 of the lumbar spine revealed L4-5 facet hypertrophic changes, mild along the central canal stenosis at the L5-S1 hypertrophic facet changes. The objective findings dated 06/26/2014 of the lumbar spine revealed moderate tenderness to the lower lumbar spinal region, no noted spasms, pain with motion in any direction, forward flexion 12 inches hands to floor, extension 20 degrees, lateral bending to the left and right 20 degrees with pain, straight leg raise was equivocal to the right and negative to the left. The deep tendon reflexes bilaterally at the L4 and S1 were 2+ bilaterally. The patient had normal sensation to touch at the lower extremities. The muscle strength testing was 5/5 bilaterally had negative clonus bilaterally. The medications included Tramadol and ibuprofen, no visual analogue scale provided. The treatment plan included H-Wave device and topical pain patches, and return in 4 weeks. The Request for Authorization dated 08/28/2014 was submitted with documentation. The rationale for the H-Wave was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for H-Wave device purchase is not medically necessary. The California MTUS does not recommend 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 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). The clinical notes did not indicate that the injured worker had failed conservative treatments, including physical therapy, medication, or a TENS unit. Per the clinical note, the injured worker had an H-Wave stimulation unit now. The clinical notes were not evident that the injured worker had diabetic neuropathy. As such, the request is not medically necessary.