

Case Number:	CM14-0091661		
Date Assigned:	07/25/2014	Date of Injury:	10/07/2013
Decision Date:	10/06/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 Interventional Spine 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 patient is a 50 year old female with an injury date of 10/07/13. Based on 03/28/14 progress report provided, the patient presents with low back pain. Physical exam to Lumbar spine shows decreased range of motion, especially extension 20 degrees and left lateral flexion 20 degrees. Decreased dermatomes at right S1. Straight leg raise: left 55 degrees and right 60 degrees. Deep tendon reflexes within normal limits. Diagnosis 03/28/14:- lumbosacral sprain/strain- spinal enthesopathy Provider is requesting DME H-Wave trial. The utilization review determination being challenged is dated 10/07/13. The rationale is "TENS must be trialed for one month to determine efficacy."

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-Wave trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines H-Wave.

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

Decision rationale: The patient presents with low back pain. The request is for DME H-Wave trial. Patient's diagnoses dated 03/28/14 are lumbosacral sprain/strain and spinal enthesopathy. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." Reports do not document neuropathic pain. The request does not mention duration of trial and MTUS only recommends one month trial. Furthermore, there is lack of documentation that the patient has trialed a TENS unit. The request is not medically necessary.