

Case Number:	CM14-0206104		
Date Assigned:	12/18/2014	Date of Injury:	05/21/2010
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, 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 45 year old male with date of injury 5/21/10. Available for review today is a report from the patient's physical medicine and rehabilitation specialist dated 10/29/14. The physician has indicated that the patient presents with lower back pain. The patient underwent a microdiscectomy surgery at L4/5 on 5/28/12. Currently the patient's examination findings indicate that he is walking with assistance of a cane, tenderness to palpation affecting the lumbosacral junction, radicular symptoms down the posterior lateral thigh and calf and there is a positive straight leg raise on the right. The MRI findings from 10/21/11 are positive for degenerative changes L4-S1, right foraminal L5/S1 annular fissure and disc protrusion at L4/5. There is a new MRI dated 8/20/12 revealing left hemilaminectomy at L4/5 with left paracentral disc bulge at L5/S1. The patient is diagnosed with lumbar discogenic pain status post microdiscectomy and hemilaminectomy. There is no utilization review report found in the medical records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-wave unit repair / replacement of battery: Overturned

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 and 118.

Decision rationale: The patient presents with chronic lower back pain and right leg pain. The current request is for h-wave unit repair / replacement of battery. The treating physician discusses the current state of the patient's previously authorized H-Wave unit in the 9/3/14 and 10/29/14 medical reports. The patient has been using his H-Wave unit for the past 3 years and lately it has been functioning sporadically. When it does work it helps relieve his symptoms and gives him pain control. The physician goes on to discuss that this is not a request for a new unit but rather a request for repair or replacement of the battery so the patient can go back to using the H-Wave on a regular basis. Prior reports reviewed going back to 4/14/14 indicate that the patient was using a TENS unit to help with pain control. The MTUS guidelines recommend a trial of H-Wave for the treatment of chronic soft tissue inflammation. MTUS goes on to state, "Trial periods of more than one month should be justified by documentation submitted for review." In reviewing the submitted documentation, it is clear that the patient had previously been prescribed and authorized an H-Wave unit over three years ago. The patient had been using the H-Wave unit when it was functioning with documented reduction in pain with usage and helps him stay active and do his best. The request for repair or battery replacement is medically necessary to help the patient continue with this form of electrotherapy.