

Case Number:	CM14-0046485		
Date Assigned:	07/02/2014	Date of Injury:	01/20/2012
Decision Date:	05/06/2015	UR Denial Date:	04/04/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43-year-old male, who sustained an industrial injury on 1/20/2012. Diagnoses have not been provided. Treatment to date has included surgical intervention (endoscopic lateral foraminotomy, right side, L5-S1 with disc removal dated 10/07/2013), medications, home exercise, weight loss, and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/24/2014 the injured worker reported intermittent minimal pain in the right leg and he also experiences additional pain and tingling in the forefront of his left foot. Physical examination revealed moderate pain in the lower back with stiffness. When, he flexes he is able to get within 6 inches of touching his toes. Postoperative left leg weakness has resolved. There was tenderness over the 2nd and 3rd metatarsal phalangeal joints on the left foot with additional maximum tenderness over the digital nerve consistent with Morton's neuroma. He has continued tenderness over the left and iliac joint. The plan of care included home physiotherapy, medications, diagnostic imaging, work restrictions and follow up care and authorization was requested for home H wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-wave device for the lumbar spine: Upheld

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 Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: This 43 year old male has complained of low back pain since date of injury 1/20/12. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for purchase of home H wave device for the lumbar spine. Per the MTUS guideline cited above, a 1 month trial of an H wave unit may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care including recommended physical therapy, medication and TENS (transcutaneous electrical nerve stimulation). There is no documentation of diabetes or chronic soft tissue inflammation in the available medical records nor is there documentation of prior TENS use. On the basis of the MTUS guideline cited above, an H wave unit is not indicated as medically necessary.