

Case Number:	CM15-0001849		
Date Assigned:	01/12/2015	Date of Injury:	03/06/2013
Decision Date:	03/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained work related industrial injuries on March 6, 2013. The injured worker subsequently complained of lower back pain with radiation to bilateral buttocks and lower extremities with associated tingling, numbness, and weakness. The injured worker was diagnosed and treated for lumbar disc displacement, sciatica, thoracic or lumbosacral neuritis or radiculitis unspecified, and sacroiliitis not elsewhere classified. Treatment to date has included diagnostic studies, prescribed medications, right L4-L5 hemilaminotomy with microdiscectomy and decompression on 9/12/14, physical therapy, consultations and periodic follow up visits. Per treating provider report dated 11/28/14, the injured worker currently complains of continued lower back pain and left leg pain. Physical exam revealed moderate lumbar pain tender to palpitation with loss of flexion and primarily extension. There was atrophy and decreased sensation in the right calf. There was also some weakness noted in the right ankle. The treating physician prescribed services for purchase of H-wave device for the lumbar spine now under review. On December 4, 2014, the Utilization Review (UR) evaluated the prescription for purchase of H-wave device for the lumbar spine. Upon review of the clinical information, UR non-certified the request for purchase of H-wave device for the lumbar spine, noting the lack of clinical documentation to support medical necessity. The MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of purchase of H-wave device for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

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

Decision rationale: MTUS recommends H-wave stimulation as part of an overall program of functional restoration. A one-month H-wave trial is recommended as an option for chronic soft tissue inflammation or diabetic neuropathic pain only after failure of specific first-line treatment, including PT, medications, and TENS. These guidelines have not been met; there is no documentation of such a successful H-wave trial. The request is not medically necessary.