

Case Number:	CM15-0006367		
Date Assigned:	01/26/2015	Date of Injury:	05/12/2014
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old female with an industrial injury dated 05/12/2013. Her diagnoses include bilateral L5-S1 spondylosis, spondylolisthesis, bilateral L5 pars defects, and L5 radicular symptoms. Recent diagnostic testing has included a MRI of the lumbar spine (07/11/2014) which showed mild bilateral L5-S1 spondylosis, spondylolisthesis, and bilateral L5 pars defects. She has been treated with Motrin, chiropractic therapy and electrical stimulation for several weeks/months. In a progress note dated 12/16/2014, the treating physician reports bilateral low back pain with occasional radiation to the left lower extremity without neurologic complaints despite treatment. The objective examination revealed no significant abnormalities and no tenderness to palpation. The treating physician is requesting H-wave unit for purchase which was denied by the utilization review. The claimant had undergone use of an H-wave treatment for over a month and stated she had 60% improvement in pain. On 12/22/2014, Utilization Review non-certified a request for a H-wave unit purchase, noting the failure to experience functional improvement from an electrical stimulation trial, lack of prior conservative therapy and the absence of diabetes neuropathic pain or chronic soft tissue inflammation. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/12/2014, the injured worker submitted an application for IMR for review of H-Wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit purchase Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave stimulation (HWT) and TENS Unit Page(s): 114-117.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not undergo a functional restoration program nor does she have diabetes or neuropathy. In addition a rental is preferred over purchase. The request for the purchase of an H-wave unit is not medically necessary.