

Case Number:	CM15-0134376		
Date Assigned:	07/22/2015	Date of Injury:	11/11/2014
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/11/2015

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: 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:

The injured worker was a 29 year old male, who sustained an industrial injury, November 11, 2014. The injury was sustained when the injured worker slipped on a steep slope while carrying 80-pound weight causing the lower back to hyperextend. The injured worker previously received the following treatments 24 session of physical therapy, lumbar spine MRI, TENS (transcutaneous electrical nerve stimulator) unit the injured worker used frequently, 12 session chiropractic services, Ibuprofen and home exercise program. The injured worker was diagnosed with lumbar facet arthropathy, right lumbar radiculitis, lumbago, lumbosacral neuritis, sciatica, and lumbosacral strain/sprain, herniated disc at L4-L5, L5-S1 and L3-L4. According to progress note of April 9, 2015, the injured worker's chief complaint was moderate low back pain at L1-L5 with radiation of pain into the right posterior thigh and foot. The trancal range of motion was decreased by 50% in all ranges of motion. The pain was elicited on the end range of motion in all motions at T10 through L5 with radiation of pain into the right posterior thigh and foot. The Ely's test, Lasegue's test and bilateral straight leg raise test caused pain in the L1-L5. Bragard's test caused pain into the right posterior thigh to the foot. The spinal examination revealed discrete areas of tenderness over the articular pillars (spinal joints) at T10 through L5 and right sacroiliac joint with paraspinal muscle spasms at T10 through L5 bilaterally. The treatment plan included durable medical equipment of 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 151.

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

Decision rationale: The patient presents with low back pain and right leg pain. The request is for purchase of home H-Wave device. Examination to the lumbar spine on 07/17/15 revealed tenderness to palpation over the lumbar paraspinals, more on the right than the left. Straight leg raising test was positive on the right. Patient's treatment have included medication, physical therapy, chiropractic care, TENS unit, acupuncture and exercising. Per 02/24/15 progress report, patient's diagnosis include lumbar facet arthropathy, and lumbar sprain and strain. Patient's medications, per 06/19/15 progress report include Ibuprofen and Gabapentin. Patient's work status is modified duties. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Treater has not discussed this request. In regard to the purchase of a home-use H-wave device, there is inadequate documentation of a successful 30 day trial. MTUS guidelines recommend H-wave units as a conservative option for complaints of this nature; however, they do require a 30-day trial with documented efficacy before the purchase of a unit for home use. Without such documentation, the purchase of an H-wave unit cannot be substantiated. Given the lack of documentation, as required by guidelines, the request is not medically necessary.