

Case Number:	CM15-0138228		
Date Assigned:	07/28/2015	Date of Injury:	05/29/2012
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency Medicine

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 63 year old male, who sustained an industrial injury on 5/29/12. He has reported initial complaints of low back and left hip pain with injury. The diagnoses have included lumbago, lumbar disc herniation and sacroiliac strain/sprain. Treatment to date has included medications, off of work, transcutaneous electrical nerve stimulation (TENS), physical therapy, diagnostics, activity modifications and home exercise program (HEP). Currently, as per the physician progress note dated 4/29/15, the injured worker complains of chronic pain in the lumbar spine and depression. He complains of back, joint and limb pain with muscle spasms. The pain is rated 3 at its best, 8 at its worst and 5 currently. The diagnostic testing that was performed included x-rays and Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Lexapro, Mobic, Amlodipine, Cozaar, Glipizide, Lexapro, Losartan and Metformin. The physical exam of the lumbar spine reveals restricted lumbar range of motion, and lumbar tenderness. The injured worker can't walk on heels and toes. Internal rotation of the femur resulted in deep buttocks pain. The straight leg raise is positive on the left in sitting at 30 degrees. There is tenderness noted over the sacroiliac joint on both sides. The previous physical therapy sessions were not noted. Work status is temporarily totally disabled. The physician requested treatment included Home H-Wave device for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Home H-Wave device for the lower back, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has back, joint and limb pain with muscle spasms. The treating physician has documented restricted lumbar range of motion, and lumbar tenderness. The injured worker can't walk on heels and toes. Internal rotation of the femur resulted in deep buttocks pain. The straight leg raise is positive on the left in sitting at 30 degrees. There is tenderness noted over the sacroiliac joint on both sides. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, Home H-Wave device for the lower back is not medically necessary.