MAXIMUS Federal Services

Case Number:	CM15-0139366		
Date Assigned:	08/03/2015	Date of Injury:	10/15/2009
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 61 year old female who sustained an industrial injury on 10-15-2009. Mechanism of injury occurred when picking grapes she reached out and grabbed a branch she fell backwards and to keep from falling she twisted her back and felt immediate pain. Comorbidities include depression, diabetes and hypertension. Diagnoses include chronic low back pain, lower extremity radiculopathy left greater than right. Treatment to date has included diagnostic studies, medications, status post back surgery in May of 2010 Transcutaneous Electrical Nerve Stimulation unit, physical therapy, trigger point injections, and ultrasound-guided injections. Current medications include Omeprazole, Orphenadrine, citrate and Senokot-S. She currently is not working. A physician progress note dated 06-03-2015 documents the injured worker complains of constant low back pain that radiates down the left leg into her toes. There is no burning or tingling. She has weakness of the left leg. She has had no falls. She has bladder distension which is non industrial. She has tenderness at the L3, L4, and L5 and there was paraspinal spasm present. There were trigger points at L4, L5, and left sciatic and lumbar paraspinal L4-L5 on the left side. Lumbar range of motion was restricted. She has abnormal weakness of the foot and calf. Straight leg raise is positive and her gait is abnormal. Treatment requested is for retrospective, on-going H-wave and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, On-going H-wave and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd edition (2004).

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 may be 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 have the diagnoses or interventions noted above. The claimant had used the H-wave for several months and beyond the time frame recommended by the guidelines. Failure or use of TENS was not noted. Therefore H-wave unit is not medically necessary.