

Case Number:	CM15-0146266		
Date Assigned:	08/07/2015	Date of Injury:	11/13/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, 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:

This is a 35-year-old male patient, who sustained an industrial injury on November 13, 2013. The diagnoses include lumbar lumbosacral disc degeneration, lumbar spinal stenosis, lumbosacral neuritis not otherwise specified and disc displacement not otherwise specified. Per the doctor's note dated 7/28/15, he had complaints of low back pain with radiation to the bilateral thigh. The physical examination revealed paravertebral tenderness at L4-5. Per the doctor's note dated June 18, 2015, he had complaints of low back pain with radiation into the bilateral thighs posteriorly. The pain was rated as a 4-6 on a 1-10 pain scale without medication and as a 1-2 on the pain scale with medications. The medications list includes norco and baclofen. Treatment to date has included medication, physical therapy, chiropractic treatment and a Transcutaneous Electrical Nerve Stimulation (TENS) unit trial. Chiropractic treatment was noted to provide temporary improvement in his symptoms. A TENS unit trial during physical therapy was noted to provide suboptimal relief of his symptoms. The treatment plan included a thirty-day trial of an H-wave unit, ongoing pain management care for medication management, medications and a follow-up visit. On July 2, 2015, Utilization Review non-certified the request for a thirty day trial H-wave unit rental, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of the H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-118, H-wave stimulation (HWT).

Decision rationale: 30 day trial of the H-wave unit. Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) 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)." Evidence of diabetic neuropathy is not specified in the records provided. Patient had pain at 1-2/10 with medications. Documentation of appropriate trial and failure of previous conservative therapy including physical therapy, TENS and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Evidence of significant functional deficits that would require H-wave is not specified in the records provided. The medical necessity of 30 day trial of the H-wave unit is not fully established for this patient at this juncture.