

Case Number:	CM15-0167890		
Date Assigned:	09/08/2015	Date of Injury:	08/01/2011
Decision Date:	10/08/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 50 year old female who sustained an industrial injury on 08-01-11. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic treatments, and epidural steroid injections. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include left L3 radiculopathy and grade I spondylolisthesis L3-4. In a progress note dated 08-10-15 the treating provider reports the plan of care as medications including Butrans patches and Tylenol #3, as well as chiropractic treatment and a H wave stimulation device and a lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave rental for thirty days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: This is a review for the requested H-Wave rental for thirty days. According to the MTUS guidelines, H-Wave stimulation is not recommended. A one-month trial may be considered in cases of diabetic neuropathic pain or chronic soft tissue inflammation once there is evidence of failure of initial conservative therapy. According to the medical documentation, this patient seems to be getting some pain relief with medication and epidural steroid injection. There is no clear documentation of chronic soft-tissue injury or neuropathic pain unresponsive to conventional therapy. MTUS also reports no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesia. Therefore, the above listed issue is considered NOT medically necessary.