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| Case Number: | CM15-0181720 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 07/24/2006 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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: Preventive Medicine, Occupational 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:

This injured worker is a 59 year old male who reported an industrial injury on 7-24-2006. His diagnoses, and or impressions, were noted to include: low back pain; lumbar radiculopathy; sciatica; and status-post lumbar decompression. No current imaging studies were noted. His treatments were noted to include: physical therapy; lumbar epidural steroid injection therapy; medication management; and a return to full, unrestricted work duties (on 8-18-15). The progress notes of 7-30-2015 reported a follow-up reporting he was doing much better with a Medrol Dosepak, having significantly decreased back pain with no radicular symptoms. The objective findings were noted to include: improved range-of-motion with minimal pain; a grossly intact neurological examination; and that he had been given an H-wave through physical therapy which seemed to be helping quite well for him, in addition to the Medrol Dosepak. The physician's requests for treatments were noted to include the request for authorization of a 3 month rental of an H-wave unit for daily use because it worked well for him in the reduction of back pain. The Request for Authorization for a 3-month rental of an H-wave unit was not noted in the medical records provided. The Utilization Review of 8-21-2015 non-certified the request for a 3-month rental of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit, 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Transcutaneous electrotherapy.

Decision rationale: MTUS Guidelines have very specific standards to justify the use of H-wave therapy. These standards include the failure of a TENS unit trial, use in conjunction with a functional restoration approach and improvements in function secondary to use. The H-wave machine was trialed at the same time a course of steroids was felt to be medically necessary and the steroid had greatly benefited the sciatic pain. However, there is documentation that pain was improved during H-wave use, but there is minimal evidence of functional improvements as a result of its use. Under these circumstances, an extension of the H-wave is not supported by Guidelines as there is inadequate evidence of functional improvements secondary to the 1-month trial and therefore is not medically necessary.