

Case Number:	CM15-0199982		
Date Assigned:	10/15/2015	Date of Injury:	04/27/2012
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 36-year-old female who sustained an industrial injury on 4-27-2012. Diagnoses have included intervertebral disc disorder with left lumbar radiculopathy, and right sacroiliac joint arthropathy. On 9-15-2015, it was noted that the injured worker had been complaining of continuing pain and impaired activities of daily living. A 7-20-2015 pain consultation report stated the injured worker had complained of low back pain with numbness and tingling on the sole of her left foot. Pain was noted as constant, and worse with prolonged positioning. An MRI of 6-24-2014 was stated to have revealed L3-S1 mild foraminal stenosis, with L5-S1 facet arthritis. Documented treatment includes TENS unit trial "without meaningful, objective improvement"; "failed" physical therapy, trigger point injections, acupuncture, and cortisone injections; home exercise; medication; and, the injured worker engaged in a trial of an H-Wave unit from 7-23-2015 to 8-12-2015 reporting improvement in activity and overall function. The treating physician's plan of care includes purchase of a home H-Wave unit for "indefinite use," but this was denied on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase/Indefinite Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 117, H-wave is not recommended as an isolated intervention. 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). In this case, there is lack of evidence in the cited record from the records to establish an indicated diagnosis of diabetic neuropathic pain or chronic soft tissue inflammation. The request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.