

Case Number:	CM15-0204384		
Date Assigned:	10/21/2015	Date of Injury:	10/11/2012
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 10-11-2012. Medical records indicate the worker is undergoing treatment for chronic knee pain, chronic pain syndrome and low back pain. A recent progress report dated 7-14-2015, reported the injured worker complained of pain, numbness, tingling, locking and swelling of the knee skilled nursing facility low back pain, rated 8 out of 10. Physical examination revealed pain limited lumbar range of motion, trigger point injections in the gluteus maximus and lumbar region and decreased sensation to light touch in the left lower extremity. Treatment to date has included physical therapy and medication management. The physician is requesting an H wave trial. On 9- 23-2015, the Utilization Review noncertified the request for an H wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial: 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: Guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based trial may be considered if used as an adjunct to a program of evidence based functional restoration and only following failure of conservative care including physical therapy, medications and TENS. In this case, there is no documented failure of conservative therapy. The request for H-wave stimulation trial is not medically necessary.