

Case Number:	CM15-0039735		
Date Assigned:	03/10/2015	Date of Injury:	11/16/2011
Decision Date:	04/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, 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:

The injured worker is 43 year old male who sustained an industrial injury on 11/16/11 involving his lumbar spine. He currently complains of sharp, shooting pain in the mid back and right side. He rated his pain intensity at 7/10. Medications include baclofen, Duexis and ibuprofen. Diagnoses include low back pain; lumbar disc displacement; sacroiliitis; myalgia and myositis and lumbosacral neuritis. Treatments to date include H-wave trial which was effective in reducing pain and spasms with pain intensity decreasing from intensity from 7/10 to 3/10. Physical therapy; medications; chiropractic therapy; epidural steroid injections and transcutaneous electrical nerve stimulator unit were not effective to relieve spasms and masked his pain. Diagnostics include x-ray of the lumbar spine (4/14/14) was unremarkable; MRI of the lumbar spine (12/15/11) was abnormal with no foraminal stenosis noted. In the progress note dated 1/19/15 the treating provider has requested H-wave therapy and MRI of the lumbar spine. He reports that the H-wave trial has decreased the injured worker's pain (by 60%) and spasms and allowed the injured worker to participate in activities of daily living, has improved sleep and decrease pain medications. In addition there is a request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave rental for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy: H-wave Stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online version www.odg-twc.com/odgtwc/pain.htm#hwavestimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant had responded to the H-wave but not the TENS. The claimant had undergone conservative therapy and found significant benefit from the TENS. Although continued use of an H-wave may be appropriate, a monthly evaluation of response is appropriate rather than a 6 month advance rental use. As a result, the request for 6 months use is not medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online version www.odg-twc.com/odgtwc/low_back.htm#radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. Besides spasms and pain there were no new neurological findings or red flag symptoms. The claimant has had a prior MRI. The request for another MRI of the lumbar spine is not medically necessary.