MAXIMUS Federal Services

Case Number:	CM15-0048713		
Date Assigned:	03/20/2015	Date of Injury:	05/22/2012
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, 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:

This is a 37 year old female patient who sustained an industrial injury on 5/22/12. She sustained the injury while pulling a box underneath her desk. The diagnosis includes lumbar disc disorder. Per the note dated 5/19/2014, she had complains of pain in the back with radiation to the lower extremities. The current medications list is not specified in the records provided. She has had lumbar MRI dated 3/27/2014 which revealed post operative changes at L4-5 and disc bulge at L5-S1. She has undergone lumbar laminectomy and foraminotomy at L4-5 on 10/30/2012. She has had injections and physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: H-wave supplies. Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but 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)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy including physical therapy and pharmaco therapy is not specified in the records provided. A detailed clinical evaluation with significant functional deficits that would require a H-wave unit is not specified in the records provided. The medical necessity for H-wave is not fully established therefore the medically necessity of the H wave supplies are also not fully established for this patient at this juncture.