

Case Number:	CM15-0082451		
Date Assigned:	05/04/2015	Date of Injury:	02/08/2012
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35 year old female, who sustained an industrial injury on 02/08/2012. She has reported injury to the back. The diagnoses have included low back pain with radiculopathy; residual lumbar disc herniation; and upper thigh pain. Treatment to date has included medications, diagnostics, and physical therapy. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. The injured worker reported continued back, hip, and upper thigh pain; pain has gotten worse in the hip aching and burning numbness in the legs and thighs; sleeping is getting worse; and she is unable to take pain medication at this time. Objective findings included pain to palpation at L4-L5 and L5-S1 levels of lumbar paraspinal muscles; and lateral bending left and right, flexion and extension are about 50% decreased. The treatment plan included the request for H-wave unit for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: This 35 year old female has complained of back pain since 2/8/12. She has been treated with physical therapy and medications. The current request is for an H-wave unit for the lumbar spine. Per the MTUS guideline cited above, a 1 month trial of an H wave unit may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care including recommended physical therapy, medication and TENS (transcutaneous electrical nerve stimulation). There is no documentation of diabetes or chronic soft tissue inflammation in the available medical records nor is there documentation of prior TENS use. On the basis of the MTUS guideline cited above, an H wave unit for lumbar spine is not medically necessary.