

Case Number:	CM15-0083403		
Date Assigned:	05/05/2015	Date of Injury:	12/14/2014
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old female who sustained an industrial injury on 12/14/2014. Current diagnoses include left C7 radiculopathy, left shoulder impingement syndrome, L4-5 annular tear, L5 lytic grade I spondylolithesis, left leg radiculopathy, and status post L5 Gill laminectomy, L5-S1 TLIF, PSIF on 02/25/2015. Previous treatments included medication management, physical therapy, and back surgery. Previous diagnostic studies include EMG study. Report dated 04/17/2015 noted that the injured worker presented with complaints that included lower back pain with right lower extremity numbness with noted improvement. Pain level was 5 out of 10 on the visual analog scale (VAS) with medications. Current medication regimen included Dilaudid. Physical examination was positive for abnormal findings. The treatment plan included proceed with physiotherapy, prescribed Dilaudid, and follow up in 4 weeks. Disputed treatments include purchase of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: Per guidelines, H-wave 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). Submitted reports have not demonstrated having met these criteria and the patient should be continuing with a HEP. The Purchase of H-wave unit is not medically necessary and appropriate.