

Case Number:	CM14-0125007		
Date Assigned:	09/16/2014	Date of Injury:	06/27/2013
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year old patient sustained an injury on 6/27/13 while employed by [REDACTED]. Request(s) under consideration include H-wave unit trial x 3 months. Report of 5/30/14 from the provider noted the patient with low back pain radiating to left leg down to the knee and into upper low back. Exam showed bilateral lower extremities with edema; tenderness at paraspinal muscles with pain on flexion/ extension; tenderness to posterior-superior iliac spine and posterior legs extending to knees; normal motor strength. Treatment included continuing with aquatic therapy and pain medications. Report of 6/27/14 from the provider noted continued ongoing low back pain rated at 6/10 that radiates to bilateral knees with spasms. Medications list Naproxen, Zorvolex, and Tylenol. It was noted the patient used TENs which was not helpful and H-wave use had helped in reducing pain and spasms. Exam showed lumbar paraspinal muscle spasm and tenderness in lumbar facet joints; sensory and motor exam intact. MRI of lumbar spine dated 6/3/14 showed small disc protrusion and mild facet arthropathy at L5-S1 bilaterally. X-rays showed L5-S1 facet sclerosis and hypertrophy. Treatment included continuing with pain medications and H-wave of 3 months trial. The request(s) for H-wave unit trial x 3 months was non-certified on 7/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit trial x 3 months: 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 Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function not documented here. The provider noted the patient has undergone an H-wave trial use since TENS failed; however, reports are without specifics of failed attempt. There is no consistent pain relief in terms of decreasing medication dosing nor is there clear specific objective functional improvement in ADLs demonstrated from the previous H-wave unit trial. The patient still exhibited persistent subjective pain complaints and unchanged clinical findings for this chronic injury. It does not appear the patient is participating in an active home program or formal therapy for adjunctive exercise towards a functional restoration approach. There are no limitations in ADL, or failed attempts with previous conservative therapy treatments to support for the H-wave unit, not recommended as a first-line approach. There is no change in work status or functional improvement demonstrated to support for the 3 month rental of this unit. Trial periods of more than one month should be justified by documentation submitted for review; however, submitted reports have not demonstrated having met these criteria to support for 3 month unit rental. The H-wave unit trial x 3 months is not medically necessary and appropriate.