

Case Number:	CM14-0144736		
Date Assigned:	09/12/2014	Date of Injury:	09/20/2013
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology and is licensed to practice in Pain Management. 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:

According to the records made available for review, the injured worker is a 61-year-old male with a 9/20/13 date of injury. There is documentation of subjective findings of right lower extremity pain that is worse than the back pain. There is documentation of objective findings of decreased range of motion over the lumbar spine region, and positive straight leg raise on the right. Current diagnoses are degenerative joint disease, lumbar disc bulge, and right lower extremity radiculopathy. Treatment to date includes physical therapy, medications, and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease, lumbar disc bulge, and right lower extremity radiculopathy. In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. However, there is no documentation of chronic soft tissue inflammation, H-wave used as an adjunct to a program of evidence-based functional restoration, and failure of additional conservative care (transcutaneous electrical nerve stimulation (TENS)). Therefore, based on guidelines and a review of the evidence, the request for H wave Unit Purchase is not medically necessary.