

Case Number:	CM14-0212223		
Date Assigned:	01/02/2015	Date of Injury:	10/20/2014
Decision Date:	02/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57-year-old female who reported an injury on 10/20/2014. The mechanism of injury was standing up from a seated position. Her diagnoses included diabetes mellitus, and lumbar sprain/strain. Treatments included pain medication. Diagnostic studies included an x-ray. Her surgical history was not included. The progress report dated 11/20/2014 documented the injured worker complained of low back pain. Her physical examination findings indicated that she could perform flexion with fingertips to mid femur, and lateral bending and lateral rotation were at 15 degrees. Her medications were not included. Her treatment plan included starting an H-Wave unit 3 times a week for a week, followup for epidural steroid injections, and obtain MRI of her lower back. The rationale for the request was not included. The Request for Authorization Form was signed and dated 11/21/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial H-wave treatment with physical therapy, 3 times a week for 1 week, lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pain, H-Wave stimulation, Physical Therapy (PT)

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

Decision rationale: The request for initial H-Wave treatment with physical therapy, 3 times a week for 1 week, lumbar spine is not medically necessary. The California MTUS Guidelines state that H-Wave stimulation is not recommended as an isolated intervention, but a 1 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 and medications, plus transcutaneous electrical nerve stimulation. The documentation submitted does not include evidence of a trial of physical therapy and medications, plus transcutaneous electrical nerve stimulation. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The request for H-Wave treatment is not supported by the documentation submitted for review. Therefore, the request for initial H-Wave treatment with physical therapy, 3 times a week for 1 week, lumbar spine is not medically necessary.