MAXIMUS Federal Services

Case Number:	CM14-0216280		
Date Assigned:	01/06/2015	Date of Injury:	09/16/2008
Decision Date:	02/28/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/24/2014

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 34-year-old female with a work related injury dated September 16, 2008. The physician's visit documentation dated November 11, 2014 reflected the worker was experiencing lower back pain with numbness down the bilateral lower extremities rated a 10 on a scale of 10 without the use of medication and reduced to a five with medication. Pain medication included Lidoderm patches, Norco, Voltaren, Zanaflex and Lyrica. Physical exam was remarkable for ambulation with mildly antalgic gait pain, decreased sensation over the right L5 dermatome distribution, range of motion decrease with flexion, extension, left lateral bend, right lateral bend and pain with any range of motion. Reflexes were absent in the ankles. Strength was documented as normal. Diagnosis at this visit included bilateral bursitis greater on the right than the left, post-operative left S1 micro discectomies and bilateral laminectomies and low back pain. Plan of care at this visit included authorization request for a three-month rental of the H-wave unit, refill of medication and a follow up in four weeks. Disability status at this visit was documented as permanent and stationary. The primary treating physician's visit dated November 18, 2014 revealed on-going pain syndrome affecting the back for which she was wearing a back brace and pain patches. The worker also had symptoms of anxiety, depression and pain syndrome. The request from this visit was for cognitive behavioral psychotherapy with pain management for twelve visits. The utilization review decision dated November 28, 2014 non-certified the request for an H-wave unit. The rationale for non-coverage stated that there was not documentation of failure of conservative management which has included a TENS unit associated with a program

of evidence based functional restoration. The results of the thirty-day H-wave trial were not documented, so there the request was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit (in months) QTY: 3.00: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The medical reports do indicate that the injured worker had a successful trial of H-wave use for 43 days. There was significant pain reduction and functional improvement. The injured worker is reported to have not improved with conservative care. There is no indication however that this conservative care included the use of a TENS unit with a functional restoration program or physical therapy.