

Case Number:	CM15-0002825		
Date Assigned:	01/13/2015	Date of Injury:	05/06/2014
Decision Date:	03/16/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

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 54-year-old male who reported an injury on 05/06/2014. The mechanism of injury was a trip and fall. His diagnosis was noted as status post surgical decompression of the disc at L4-5 on the left, failed; 4 mm disc protrusion at L4-5; 6 mm disc protrusion at L5-S1; left greater than right lower extremity radiculopathy; and left foot drop. Past treatments were noted to include physical therapy, H-wave unit, injections, electrical stimulation, medication, acupuncture, and a cane. His diagnostic studies were not provided. His surgical history was noted as surgical decompression of the disc at L4-5 on the left, failed. During the assessment on 01/08/2015, the injured worker complained of low back pain, increased with lumbar epidural steroid injections. He complained of constant, stabbing type pain that radiated into both lower extremities, causing numbness and tingling that radiated into the heel of the right foot and the toes of the left foot. He rated his symptoms a 9/10. The physical examination revealed range of motion remained decreased and too painful to perform. There was a positive straight leg raise at 20 degrees on the right and 15 degrees on the left, seated. The Braggard's was positive bilaterally, more so on the left. The bowstring sign was positive on the left. There was loss of sensation in the L5 nerve distribution bilaterally and the L5-S1 nerve distribution on the left. Muscle strength testing was 4+/5 in all lower extremity muscle groups with the exception of plantar and dorsiflexion on the left, which was decreased to 4/5. It was noted that the injured worker used a cane to ambulate. His current medication list was not provided. The treatment plan and rationale were not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

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

Decision rationale: The request for a home H-wave device (purchase) is not medically necessary. The California MTUS Guidelines state that H-wave stimulation may be considered a noninvasive conservative treatment option for chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration. There was a lack of documentation to support the injured worker was participating in a program of evidence based restoration, such as physical therapy or a structured home exercise program. In addition, the injured worker's improvement with the use of the H-wave was not quantified. In the absence of documentation showing quantified evidence of functional improvement after a trial of use and concurrent participation in a program of evidence based functional restoration, the request is not medically necessary.