

Case Number:	CM15-0106020		
Date Assigned:	06/10/2015	Date of Injury:	10/15/2009
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female, who sustained an industrial injury on October 15, 2009, incurring low back injuries after twisting and falling. She was diagnosed with lumbar disc disease and lumbosacral radiculopathy. Treatment included physical therapy, trigger point injections, electrical stimulation, and H-wave, and back brace, transcutaneous electrical stimulation unit and pain management. Currently, the injured worker complained of constant back pain radiating down the left leg into her toes with coldness and numbness. The treatment plan that was requested for authorization included H-wave supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave & Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for radiating low back pain. When seen, TENS had provided 40% benefit. There was decreased range of motion with tenderness and trigger point. There was lower extremity weakness and positive straight leg raising with an abnormal gait. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. In this case, the claimant has had benefit from TENS that appears equal to that from H-wave stimulation and therefore the requested H-wave unit with supplies is not medically necessary.