MAXIMUS Federal Services

Case Number:	CM15-0109005		
Date Assigned:	06/15/2015	Date of Injury:	09/30/2011
Decision Date:	07/20/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury on 09/30/2011. The injured worker was diagnosed with lumbar facet arthropathy; cervical facet arthropathy and myofascial tender point. Treatment to date has included diagnostic testing, conservative measures, physical therapy (6 sessions completed), transcutaneous electrical nerve stimulation (TEN's) unit, left L5-S1 transforaminal epidural steroid injection dated April 10, 2015 and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience neck and upper shoulder pain and pins and needle sensation of the right hip with numbness and tingling in the left leg. The injured worker rates her neck, back and shoulder pain level at 4-5/10, hip area at 8/10 and left leg at 2/10. Examination demonstrated normal gait with good heel to toe pattern. There was tenderness over the right iliac crest into the right sacroiliac (SI) area with decreased range of motion on flexion and extension. Bilateral rotation and lateral flexion were intact. Special testing and straight leg raise was negative bilaterally. Motor and sensory was intact in the bilateral lower extremities. The injured worker has returned to full duty. Current medications are listed as Amitriptyline, Zanaflex Lidoderm Patches and Voltaren gel. Treatment plan consists of lumbar magnetic resonance imaging (MRI), additional physical therapy and the current request for H-wave trial times one (1) month. Patient sustained the injury when she bent down to pick up a toy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial times one (1) month: 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 Page 117-118 H-wave stimulation (HWT).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. H-wave trial times one (1) month is not medically necessary for this patient.