

Case Number:	CM15-0011387		
Date Assigned:	01/30/2015	Date of Injury:	12/19/2008
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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 65-year-old female who reported an injury on 12/19/2008. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar spondylosis and closed fracture of lumbar vertebrae without spinal cord injury. The injured worker presented on 12/18/2014 with complaints of persistent low back pain. The injured worker is status post L1-2 transforaminal epidural steroid injection on 09/18/2014 with 50% reduction in radiating pain. The injured worker reported 4/10, right greater than left, lumbosacral pain. Upon examination, the injured worker was able to rise from a seated position without difficulty. The injured worker demonstrated an antalgic gait and ambulated without assistance. There was limited range of motion with extension and axial rotation due to severe low back pain. Recommendations included continuation of the current medication regimen of oxymorphone IR 10 mg, oxymorphone ER 10 mg, omeprazole 20 mg, a request for repeat bilateral epidural steroid injection and a request for a 30 day trial of an H-wave device. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of H-Wave unit for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no documentation of a failure to respond to initially recommended conservative treatment, to include physical therapy and TENS therapy. There was no documentation of the injured worker's current participation in active rehabilitation to be used in conjunction with H-wave stimulation. Given the above, the request is not medically appropriate.