

Case Number:	CM15-0013272		
Date Assigned:	01/30/2015	Date of Injury:	04/22/1995
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/22/2015

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: Utah, Arkansas

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 54 year old female who sustained an industrial injury on 04/22/1996. The current diagnoses include status post L4-5 transforaminal lumbar interbody fusion with chronic L4-5 arachnoiditis and chronic left tibialis anterior weakness. Treatments to date include medication management, H-wave unit, and lumbar fusion. Report dated 12/05/2014 noted that the injured worker presented with complaints that included ongoing pain in her back and left leg. Physical examination was positive for abnormal findings. The utilization review performed on 12/18/2014 non-certified a prescription for H wave replacement electrodes based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Replacement Electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) page 117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for H-Wave electrodes. MTUS guidelines state the following: H Wave is not recommended as an isolated intervention, but a one-month trial may be considered for a option for diabetic neuropathic pain, or chronic soft tissue inflammation, if used as an adjunct to a program and if the following modalities have failed, including physical therapy, conservative care, medications and a TENS unit. The clinical documents do not state that the patient had any relief from pain during the time in which the H Wave unit was used. The clinical document states there is no change in her chronic pain at this time. According to the clinical documentation provided and current MTUS guidelines; H-Wave replacement electrodes are not indicated as a medical necessity to the patient at this time.