

Case Number:	CM15-0016736		
Date Assigned:	02/05/2015	Date of Injury:	11/28/2013
Decision Date:	03/24/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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: North Carolina, Georgia
 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 34 year old male with an industrial injury dated 11/28/2013. His diagnoses include lumbar disc displacement without myelopathy and chronic pain syndrome. Recent diagnostic testing has included MRI of the lumbar spine (07/10/2014) which showed straightening of the lumbar lordotic curvature, disc desiccation at L5-S1, annular tear at L5-S1, and multilevel broad based posterior disc herniation, and electrodiagnostic testing of the lower extremities (06/11/2014) which showed no evidence of radiculopathy, entrapment neuropathy, myopathy, or peripheral neuropathy. He has been treated with lumbar epidural steroid injections (01/14/2015), medications, and conservative care. In a progress note dated 01/21/2015, the treating physician reports complaints of low back pain(rated 5/10 in severity) and described as aching, burning and spasmodic, despite treatment. The objective examination revealed a normal gait, restricted range of motion in the lumbar spine, positive facet loading on the left, negative straight leg raises, and normal motor and sensory findings. The treating physician is requesting continued usage of H-Wave unit and supplies (rental or purchase) which was denied by the utilization review. On 01/27/2015, Utilization Review non-certified a request for continued usage of H-Wave unit and supplies (rental or purchase), noting the lack of documented functional improvement with the use of the H-Wave unit. The MTUS ACOEM ODG Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of continued usage of H-Wave unit and supplies (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of H-wave unit and supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 117-118.

Decision rationale: CA MTUS does not consider H wave therapy a first line treatment modality. A one month trial of therapy with a rental unit may be used as a non invasive conservative option for chronic pain of at least 3 months duration in which other modalities, including physical therapy, medication and a TENS unit, have failed. A clear plan of long and short term treatment goals is required for such a trial. In this case, the documentation does not contain indication of a trial of or failure of TENS unit nor does it document response to a trial of H wave unit. Ongoing use of H wave unit and supplies is not medically necessary and the non-certification is upheld.