

Case Number:	CM15-0118950		
Date Assigned:	06/29/2015	Date of Injury:	11/18/2009
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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

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 51 year old male, who sustained an industrial injury on 11/18/2009. He reported low back pain. Diagnoses have included lumbago, displacement of lumbar intervertebral disc without myelopathy, closed fracture of dorsal (thoracic) vertebra without spinal cord injury and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included trigger point injections, acupuncture, a home exercise program, ice and medication. According to the progress report dated 5/21/2015, the injured worker complained of back pain. He reported stretching on a foam roller two days ago and feeling a pop in his back. He complained of a sharp pain in his left mid back. He stated his back was stiffer since he was stretching. He rated his pain 6/10 with medications and 7/10 without medications. Current medications included Flexeril and Ibuprofen. Lumbar exam revealed pain with standing back extension and pain with lateral bending to right greater than left. The injured worker was noted to have used a transcutaneous electrical nerve stimulation (TENS) unit in the past without relief. Authorization was requested for an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: Per guidelines, H-wave 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) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous and ongoing conservative treatments to support for the H-wave unit for unknown treatment duration, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The H-Wave Unit is not medically necessary and appropriate.