

Case Number:	CM15-0123358		
Date Assigned:	07/07/2015	Date of Injury:	07/04/2011
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 was a 41 year old male, who sustained an industrial injury, July 4, 2011. The injured worker previously received the following treatments lumbar spine MRI May 21, 2014, Alprazolam, Gabapentin, Tramadol, Diclofenac, Norco, Diazepam, psychological consult, lumbar epidural steroid injection on January 6, 2015, home exercise program, cognitive behavioral therapy, physical therapy and TENS (transcutaneous electrical nerve stimulator) unit and physical therapy. The injured worker was diagnosed with chronic pain syndrome, low back pain, lumbar degenerative disc disease, lumbosacral facet arthropathy, lumbar spinal stenosis, myofascial pain syndrome, lumbosacral radiculitis, myalgia, numbness and depression. According to progress note of January 23, 2015, the injured worker's chief complaint was low back pain. The injured worker had a lumbar epidural steroid injection on January 6, 2015, but the injured worker did not notice any difference in the pain. The injured worker described the pain as aching and stabbing in the lower back and right leg. The injured worker had used a TENS unit in physical therapy, but was not effective. The injured worker had never used an H-wave unit; there was discussion in the past of getting an H-wave unit. The physical exam noted the bilateral lower extremity strength was 5 out of 5. The sensation was intact and equal. The sciatic notches were pain free with palpation. Sacroiliac joints were non-tender. The Patrick's sign and Gaenslen's maneuver were negative. There was limited range of motion due to increased pain with flexion and extension. The straight leg raises were positive on the right. The treatment plan included H-wave unit from the date of services of April 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of an H-Wave unit (DOS: 4/06/15): 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 H-wave stimulation Page(s): 117.

Decision rationale: Per 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 HWave 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." The medical records provided do not indicate this patient had a one-month HWT trail with functional improvement. Additionally, there is no documentation of failure of TENS unit. As such, the request for Retrospective request for purchase of an H-Wave unit (DOS: 4/06/15) is not medically necessary.