

Case Number:	CM15-0124052		
Date Assigned:	07/08/2015	Date of Injury:	01/04/2014
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, North Carolina
 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 24 year old male who sustained a repetitive lifting industrial injury to his lower back on 01/04/2014. The injured worker was diagnosed with lumbar sprain/strain, lumbar facet arthropathy, lumbar radiculopathy and depression. Treatment to date has included diagnostic testing, modified activities, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, H-wave therapy, bilateral lumbar facet blocks at L4-L5-S1 and L5-S1 on April 23, 2015, psychiatric support and medications. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience low back pain with intermittent radiation to the right leg. Examination demonstrated tenderness of the lumbosacral paravertebral muscles with painful range of motion. Sensory was intact. Current medications are listed as Topiramate and Zolpidem. Treatment plan consists of chiropractic therapy and the current request for the purchase of a home H-wave device system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave Device System: 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(s): 117-118.

Decision rationale: CA MTUS is not recommended as an isolated intervention, but a one-month home-based trial may be an option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to program of evidence-based restoration, and only following the failure of initially recommended conservative care, including physical therapy, medication and TENS. Current clinical guidelines indicate the necessity of H-wave is dependent on evidence of functional improvement. Medical records submitted fail to document significant functional improvement; the patient remains out of work. Thus, the request for HWT is deemed not medically necessary.