

Case Number:	CM15-0164975		
Date Assigned:	09/02/2015	Date of Injury:	11/23/2014
Decision Date:	11/16/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, California
 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 49 year old male who sustained an industrial injury on 11-23-2014. The injured worker was treated for degenerative arthritis of the lumbar, sciatica, and lumbar disc pathology. In the provider notes of 07-06-2015, the injured worker complains of low back pain and paresthesias. He has had 18 sessions of physical therapy and medications. He complains of pains in the mid low back, buttocks and legs that are variable in location and intensity depending on activity. He has occasional hip and upper thigh pain, spasm to left calf and heel and paresthesias to the bilateral feet left to right. Pain is rated a 1 at the best, a 7 at its worst and medications and rest in the evenings after work brings the pain down by 50%. He can walk 3-4 miles. Pain is aggravated by forward bending and sitting or driving greater than 30 minutes. Medications and physical modalities and exercises learned in physical therapy are "fairly effective" in maintaining the worker's pain levels, function, range of motion and overall sense of comfort. He has no work time lost between visits. On exam, the worker walks without antalgia. There is mild to moderate paravertebral spasm and tenderness to palpation at the paralumbar muscles left greater than right and he has mild tenderness to palpation of the sacral borders. There is moderate tenderness at the left lateral ischial tuberosity. A MRI (of the lumbar spine on 12/10/14) was reported to show a large left paracentral herniated disc at L3-4; foraminal stenosis at L4-5, and degenerative arthritis. An electromyogram (on 6/8/15) showed left radiculopathy at L5-S1. Current medications include Naproxen, Gabapentin, Acetaminophen, and Norco. The worker is currently working. The plan of care is for an epidural to increase his work and activity tolerance. An H-wave unit was also planned for home use. A request for authorization was

submitted for a H-Wave Unit. A utilization review decision 07-22-2015 non-certified the request. The patient sustained the injury due to fall and twisted back. The patient has had a history of GI symptoms with NSAID use. The patient's surgical history includes cholecystectomy

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the CA 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 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)." Per the records provided, the indications listed above were not specified in the records provided. Evidence of a trial and failure of TENS for this injury was not specified in the records provided. He has had 18 sessions of physical therapy and medications. The records provided did not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this diagnosis. The request for H-Wave Unit is not medically necessary or fully established for this patient.