

Case Number:	CM15-0029228		
Date Assigned:	02/23/2015	Date of Injury:	10/16/2012
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, 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 30 year old male, who sustained an industrial injury on October 16, 2012. The diagnoses have included lumbosacral spondylosis, sciatica, and long-term use medications. Treatment to date has included lumbar surgery, post-surgical physical therapy, medications and diagnostic studies. Currently, the injured worker complains of reports that he has been improving however there are days when his pain worsens and days when he feels better. On examination, the injured worker had satisfactory sensory, motor and deep tendon reflexes and could forward flex touching his hands to his shins. He is participating in physical therapy three times per week and reports that he needs his pain medications to allow him to function. On January 19, 2015, Utilization Review non-certified a request for H-wave machine x 30 day trial, noting that the documentation does not indicate if there has been a TENS unit trial and no indication if there is a home exercise program or any other form of functional restoration. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the ACOEM were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of H-wave machine x 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave machine x 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions noted above. Therefore the request for a one month rental of an H-wave unit is not medically necessary.