MAXIMUS Federal Services

Case Number:	CM15-0063858		
Date Assigned:	04/09/2015	Date of Injury:	07/09/2004
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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 (IW) is a 47-year-old male who sustained an industrial injury on 07/09/2004. Diagnoses include status post L4-S1 fusion, symptomatic retained hardware, left L5-S1 radiculopathy with weakness, left L3 and L4 radiculopathy, chronic intractable pain, L3-4 disc degeneration/stenosis and left L4 foraminal stenosis. Treatment to date has included medications and surgery. Diagnostics performed to date included an MRI. According to the progress notes dated 2/3/15, the IW reported lower back pain that radiated up to the thoracic spine and down to the left lower extremity; pain was rated 9-10/10 without medications and 3-4/10 with medications. There was decreased sensation in the S1 dermatome bilaterally, worse on the left. A request was made 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 H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to 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. Trial periods of more than one month should be justified by documentation submitted for review; however, there is no documentation the patient has underwent trial use nor is there any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs demonstrated. No trial treatment of TENS unit has occurred nor any outcome from functional restoration approach been identified. The H-Wave unit is not medically necessary and appropriate.