

Case Number:	CM15-0066533		
Date Assigned:	04/14/2015	Date of Injury:	07/28/2011
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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 is a 41-year-old male, who sustained an industrial injury on 7/28/2011. He reported lumbar spine pain when lifting. Diagnoses have included lumbar disc herniation and chronic left lower extremity radiculopathy. Treatment to date has included acupuncture and medication. According to the progress report dated 2/10/15, the injured worker complained of low back pain and left leg pain. He reported left leg numbness. Physical exam revealed elevated blood pressure. There was paralumbar tenderness from L1 to L5-S1 with slight spasm. There was left sacroiliac tenderness. Authorization was requested for H-wave patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Patches: 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 devices Page(s): 117.

Decision rationale: The patient presents with pain in the lower back radiating into the left buttock and left leg. The request is for H-Wave patches. Physical examination to the lumbar spine on 02/10/15 revealed tenderness to palpation to the paralumbar muscles from L1-S1 with spasm. Patient's treatments have included an H-wave unit and medications. Per 03/10/15 progress report, patient's diagnosis include diabetes mellitus type II, chronic lumbar back pain with a right sided disc herniation on the MRI scan from [REDACTED], he is status post left sided sacroiliac injection in the past, chronic left lower extremity radiculopathy with electrodiagnostic evidence suggestive of S1 radiculopathy on the left, and hypertension, previously exacerbated by Naprosyn. Patient's medications, per 01/26/15 progress report include Naprosyn and Lidoderm Patches. Patient is temporarily totally disabled. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be "recommended and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The patient has been utilizing an H-Wave unit at least from 11/18/14 with benefits. In progress report dated 11/18/14, treater states that the home H-wave unit helps reduce his pain. However, the reports do not explain how the H-wave device is used, which area it is used on, and how often the patient utilizes it. Functional improvement and medication reduction are not discussed from the use of H-wave. Simply stating that it helps is an inadequate documentation for on-going use of this unit. Given the lack of documentation, as required by the guidelines, the request is not medically necessary.