

Case Number:	CM15-0078674		
Date Assigned:	04/29/2015	Date of Injury:	01/06/2013
Decision Date:	05/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/24/2015

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, Pain Management

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 62 year old female, who sustained an industrial injury on 1/6/2013. She reported injury after helping a passenger on a bus. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, post laminectomy syndrome and lumbago. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 2/23/2015, the injured worker complains of low back pain that was improved with the use of an H wave device. The treating physician is requesting H wave device for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave device, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 1-month TENS unit trial as recommended by guidelines including how often the TENS unit was used during the 1-month trial as well as the outcome of that TENS trial in terms of pain relief, function, and medication usage. In the absence of such documentation, the currently requested H-wave device is not medically necessary.