

Case Number:	CM13-0000971		
Date Assigned:	02/28/2014	Date of Injury:	02/01/2013
Decision Date:	08/04/2014	UR Denial Date:	06/13/2013
Priority:	Standard	Application Received:	07/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who has submitted a claim for bilateral lumbar facet joint pain L4-L5 and L5-S1; facet joint arthropathy; central HNP L3-L4 and L5-S1; moderate facet joint hypertrophy bilateral L4-L5 and L5-S1; lumbar sprain/strain; left cervical facet joint pain C5-C6, C6-C7, C7-T1; cervical facet joint arthropathy; cervical sprain/strain; thoracic facet joint pain; thoracic sprain/strain; diabetes mellitus; and anxiety associated with an industrial injury date of February 1, 2013. Medical records from 2013-2014 were reviewed. The patient complained of bilateral low back pain, neck pain and thoracic back pain. The pain was aggravated by prolonged sitting, standing and walking. Physical examination showed tenderness of the cervical, thoracic, and lumbar paraspinal muscles overlying the L3-S1 joints. There were cervical, thoracic, and lumbar spasms as well. Cervical and lumbar range of motion was restricted by pain. Lumbar discogenic provocative maneuvers including pelvic rock and sustained hip flexion were positive bilaterally. Gaenslen's test was positive on the right. Patrick's maneuver was positive bilaterally. Muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Motor strength and sensation was intact. Lumbar facet joint extension was worse than flexion. MRI of the lumbar spine, dated June 4, 2013, revealed moderate degenerative disc disease with 2-3mm disc bulge with annular fissure and mild left neural foraminal narrowing with facet hypertrophy at L3-4, moderate facet hypertrophy and mild bilateral neural foraminal narrowing at L4-L5, and disc protrusion with annular fissure and moderate facet hypertrophy at L5-S1. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, and activity modification. Utilization review, dated June 7, 2013, denied the request for H-wave home unit to be used 2 times/day for 45 minutes each. Reasons for denial were not available. Another utilization review, dated July 31, 2013, denied the request for rental H-wave 3 months rental because there was no current subjective complaints of objective findings

noted that would suggest need for long term use of the device. Furthermore, there was no system to monitor how the patient will utilize the H-wave to determine if benefit was obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE HOME UNIT TO BE USED 2 TIMES/DAY FOR 45 MINUTES EACH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines page(s) 117-118, H-wave therapy 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 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). In this case, the patient used H-wave on July 2013. Patient claimed 40% improvement from pain and was able to sleep better and perform more activities. There is no evidence of failure from conservative care, including exercise, TENS, and medications. In addition, there is no documentation of a short-term and long-term treatment plan from the physician. The guideline criteria have not been met. Furthermore, the present request failed to specify the number of days of H-wave treatment. Therefore, the request for H-wave home unit to be used 2 times/day for 45 minutes each is not medically necessary.