MAXIMUS Federal Services

Case Number:	CM13-0010279		
Date Assigned:	10/11/2013	Date of Injury:	10/16/2006
Decision Date:	01/23/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 43 year old male with a date of injury of October 16, 2006. The patient has diagnoses of L4-L5 6mm left disc herniation, L5-S1 4mm disc protrusion, and L2-L3 2mm disc bulge. Utilization review report dated July 21, 2013 was a conditionally non-certified request pending additional information. Progress report by [redacted], dated June 28, 2013, states patient continues to complain of lower back pain that radiates into bilateral legs accompanied by tingling and numbness in feet and toes. On examination, patient presented tenderness to L5 centrally. Straight leg raise 70 degrees on right and 65 degrees on left. Treatment plans are for pain management consult, H-wave unit, and Advil. According to the agreed medicla evaluation (AME) report, dated September 25, 2013, patient describes constant sharp pain with radiation to bilateral hips and legs. Physical examination of the cervical and thoracic spine shows normal. Lumbar spine show tenderness at L3-L5. There is mild paravertbral muscle spasm noted, range of motion (ROM) was within normal range.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for one (1) Home H-wave Device, between July 3, 2013 and August 24, 2013: 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 stimulation (HWT) Page(s): s 117-118.

Decision rationale: The patient is a 43 year old male with a date of injury of October 16, 2006. The patient suffers from chronic low back pain and radicular symptoms, with 2-6 mm disc bulges/herniations at multiple levels. A report by [redacted], dated June 28, 2013, states that the patient continues to complain of lower back pain that radiates into bilateral legs accompanied by tingling and numbness in feet and toes. On examination, the patient presented with tenderness and straight leg raise at 65-70 degrees. The treater has requested H-wave unit presumably for home use. However, the records do not show a home trial of TENS or H-wave units. There were no therapy notes to review, which could help explain whether or not electrical units have to tried with success. The treater does not mention what kind of success the patient has had with a trial of H-wave or TENS unit. The California MTUS guidelines require a 30-day rental trial to determine efficacy of electrical stimulators. H-wave 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, only following failure of initially recommended conservative care. The medical records provided does not show that this has been done. Therefore the prospective request for one (1) Home H-wave Device is not medically necessary and appropriate.