

Case Number:	CM13-0011467		
Date Assigned:	06/06/2014	Date of Injury:	09/25/1981
Decision Date:	07/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 60 year old male who sustained a work related injury to his back on 09/25/1981. The injury occurred when a stage platform weighing approximately 80 to 100 lbs. fell on top of him as he was moving it across the stage. He subsequently underwent spinal fusion of L4-S1 with instrumentation and is awaiting a third revision. Since then, he has complained of right sided lateral back pain, right greater than left that lies between the rib cage and pelvic rim with radiation of his pain to the inguinal region. His pain is reported as aching, stabbing, burning, tear grabbing, popping and pinching in a character that is constant in presentation between 6-9/10 on the 1 to 10 pain scale. His pain is aggravated by transitioning from the seated to standing positioning, attempting to turn or twist, lifting or carrying any object greater than 1 pound with ambulation limited to 10 minutes or less. His discomfort is relieved by use of prescription medication, and the use of a recliner and ambulating with a cane. Due to his body habitus and positioning and total disability, he requires home health aide at a minimum of 4 hours a day. He apparently has a marked shifted left seated posturing, while standing and has marked forward-flexed posturing with a large right thoracolumbar rib hump. He has markedly positive right iliac crest and moderate impingement on the right. He has marked atrophy of the abdominal musculature on the left. Imaging studies clearly demonstrate multilevel lumbar intervertebral and disc degeneration, a L4-5 spondylolisthesis and a dextroscoliosis. The patient has had numerous medications in the past to attempt to address his pain. Currently, he is utilizing Duragesic patches, MS Contin and oxycodone, Cymbalta and Soma to address his pain and muscular spasticity. In dispute is a decision for the rental of a Home H-Wave device for three additional months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF HOME H-WAVE DEVICE FOR THREE ADDITIONAL MONTHS:

Overtured

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 Pain Intervention and Treatment Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines indicate , "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial 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 ." It is obvious the patient has debilitating scoliosis with comorbidities and has failed all attempts at management, to include three previous spinal surgeries. Most stressing is his development of sores along the right iliac crest from skin folding, difficulty with spinal range of motion, ambulation, and the performance of activities of daily living. The patient continues to await a 13 level spinal fusion to correct not only his current posturing, but also his ability to perform some level of activities of daily living for himself. As such, the request is medically necessary and appropriate.