

Case Number:	CM13-0027890		
Date Assigned:	12/18/2013	Date of Injury:	06/08/2012
Decision Date:	03/26/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 31 YO male with date of injury 06/08/2012. The listed diagnoses per [REDACTED] dated 08/30/2013 are: 1. Displacement of lumbar intervertebral disc without myelopathy 2. Thoracic or lumbosacral neuritis or radiculitis 3. Status post ESI, 03/2013 by [REDACTED]. According to progress report dated 06/12/2013 by [REDACTED], the patient presents with improved left leg pain that resolved with epidural injection. He continues to experience lumbar pain. Objective findings shows left sided lumbar and sacral notch tenderness. Negative for straight leg raise. Deep tendon reflexes are symmetric and equivalent. There is no tenderness of the inguinal or acetabular femoral joint. The treater is requesting the purchase of an H-wave device for indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Home H-Wave device: 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): 117-118.

Decision rationale: This patient presents with chronic back pain and left leg pain. The patient recently underwent an ESI from 3/2013 and experienced improvement of left leg pain. The treater has now asked for an H-wave for home use. Progress report dated 03/12/2013 by ■■■■■ shows that the patient has had a 30-day trial of the H-wave requested. It is not known whether or not the patient has tried this and if so, what the results were. MTUS pg. 117, 118 supports a one-month home-based trial of H-Wave treatment 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, home exercise programs, medications and TENS. It is unclear what functional benefit the patient experienced following a home trial of H-wave. The treating provider does not provide documentation of significant improvement in ADLs or a decrease in dependence on continued medical treatment, such as return to work; improved ability to perform household chores or increased exercise capacity; less medication use; avoidance of surgery. Recommendation is for denial.