

Case Number:	CM13-0033520		
Date Assigned:	12/11/2013	Date of Injury:	12/27/2007
Decision Date:	02/03/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 & 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:

This is a 61 year-old female correctional officer who has a 12/27/07 cumulative trauma injury claim. She has been diagnosed with: S/P L3-5 posterior lumbar decompression with interbody and instrumented fusion; and chronic low back pain. The IMR application shows a dispute with the 9/30/13 UR decision. The 9/30/13 UR letter is by [REDACTED], and is based on the 9/16/13 medical report from [REDACTED], and is recommending non-certification for use of the H-wave device for an additional 3-months. The 9/16/13 report by [REDACTED], is an RFA form for the H-wave unit, and includes the check-box formatted H-wave vendor addendum, signed off by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, three (3) additional months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 171-172.

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

Decision rationale: The 8/7/13 report from [REDACTED], states the patient continues to see [REDACTED] for pain management and is using Suboxone and tramadol. The patient's L3-5 decompression and fusion was on 1/21/2013. The Addendum report states the pain went from 10/10 to 7/10. The 8/21/13 report from [REDACTED] states the patient is no longer in PT, and that she swims at her local pool and uses a Jacuzzi. None of the available pain management reports from [REDACTED] provide an assessment of the patient's pain levels. [REDACTED] is weaning the patient off Percocet. The evaluating physicians did not mention any functional improvement with use of the H-wave, but the patient wrote a letter dated 1/5/14, explaining that it allows her to sleep, and stay asleep. She reports she is now able to get 5-6 hours of sleep each night, and before the H-wave, she was getting 2-3 hours of sleep. This seems fairly significant, and it is not clear why the evaluating physicians have not mentioned this. MTUS states: "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." The physician has not met the reporting requirements for the first-month trial. It is not known how often the unit was used, duration of relief and what benefits are attributed to the H-wave versus the medications provided in the same timeframe. The patient's letter suggests there is benefit with her sleeping patterns with the H-wave. The physician may want to request a repeat of the one-month trial, to allow him to provide an adequate assessment of efficacy. However, the request before me is for a 3-month rental of H-wave. This exceeds the MTUS recommendation for a 1-month trial, and the reporting requirements by the physician were not met, and the latest reports state the patient is no longer in formal PT, and one of the criteria for use of H-wave, was that it be provided as an adjunct to a program of functional restoration.