

Case Number:	CM13-0037601		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2008
Decision Date:	04/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 67-year-old male with a date of injury of 02/05/2008. The listed diagnoses per [REDACTED] are: (1) Back pain; (2) lumbar or thoracic radiculopathy; (3) persistent disorder of initiating or maintaining sleep; (4) dysthymic disorder; (5) facet syndrome; (6) intervertebral disc disorder with myelopathy, cervical region; (7) post-laminectomy, cervical ACDF at C3 to C7 with pseudarthrosis at C3 to C4. According to report dated 10/04/2013 by [REDACTED], the patient presents with neck, low back, and leg pain. The patient has upper bilateral extremity myelopathy with loss of fine motor manipulation and chronic bilateral upper extremity neuropathic pain. He also complains of right low back and leg pain. The patient states it begins in his lower back and travels into the lateral thigh; however, not going into the knee. The patient is utilizing an H-wave unit with positive effect every day. The patient's pain is at a 7/10 on the VAS scale. The patient's current medication regimen includes Norco 10/325 and tramadol which provides 65% to 70% relief and lasts 3 to 4 hours. The treating physician is requesting a purchase of a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE: Upheld

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

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

Decision rationale: The treater is requesting a purchase of a home H-wave device. Per MTUS Guidelines, H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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. MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In this case, the patient was prescribed a 30-day trial of the H-wave unit on 04/26/2013. Subsequent reports dated 06/11/2013, 09/06/2013, and 10/04/2013 all document that the patient received positive effect by using the H-wave unit. However, the actual documentation show that the patient's pain level increased during this time. The patient's VAS score was 6/10 on 4/26/13 when H-wave was started, and by 6/11/13, VAS had climbed to 8/10. There were no changes in use of medication and no functional improvement. Given the lack of benefit from H-wave trial, recommendation is for denial.