

Case Number:	CM13-0048432		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2010
Decision Date:	02/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 52 year old female who reported an injury on 12/02/2010; the mechanism of injury is that the patient reported tripping over boxes and falling forward. The patient reported a pre-existing injury, prior to 12/02/2012, to the low back with chronic pain. On 08/1/2013, a request for a home H wave device was made for a one month home evaluation to be used 1-2 times daily for 30-60 minutes each session or as needed. Treatment goals were to reduce and/or eliminate pain, reduce need for oral medications, decrease or prevent muscle spasm and muscle atrophy, improve functional capacity and activities of daily living, and improve circulation. H-wave was initiated on 08/14/2013 with 9/10 pain before use of H-wave, improvement reported was 10% to 25%, 2 treatments per day for less than 30 minutes. On office visit, 09/17/2013, the patient reportedly had a positive straight leg raise bilaterally at 60 degrees and a positive Lasegue bilaterally. There was moderate diffuse lumbar paraspinal muscle spasm; tenderness to palpation over the L4-5 and L5-S1 midline as well as over the lumbar facet joints; discomfort most notably in extension and lateral rotation bilaterally. Muscle strength: hip flexion/extension/knee extension/ankle dorsiflexion/big toe extension/ankle plantar flexion all 5/5. An unofficial MRI lumbar spine on 08/23/2013 revealed diffuse disc herniation with stenosis at L4-5; disc material and facet hypertrophy causing stenosis of the bilateral neural foramen that contact the bilateral L4 nerve roots; L5-S1 diffuse disc herniation which caused mild stenosis and material and facet hypertrophy causing stenosis of the bilateral neural foramen that deviate the bilateral L5 nerve root. Medication listed was Motrin 800mg three times a day and Prilosec 20mg twice a day. Other therapies include a lumbosacral corset, TENS (transcutaneous electrical nerve stimulation) unit, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Homecare System (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that the H-wave stimulation (HWT) 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 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There was no clinical information provided to suggest the patient was treated for diabetic neuropathy and soft tissue inflammation, as well as, any mention of functional deficits interfering with the patient's activities of daily living. As such, the requested service is non-certified.