

Case Number:	CM13-0049436		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2009
Decision Date:	03/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/07/2013

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 and is licensed to practice in Ohio, 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:

The patient is a 34 year old female who reported an injury on 06/01/2009. The patient has been treated for low back pain and sciatica, and on 09/24/2013, the patient was seen for a followup post L4-5 anterior fusion. The patient's preoperative pain had improved, but she still continued to have significant right buttock pain radiating into the leg. She also stated that the right leg continues to collapse, and on the physical examination, the patient's strength was identified as normal in all groups with continued positive provocative Faber's and pelvic rod for the right sacroiliac pain. The patient was recommended for an SI injection. The patient was seen again on 10/14/2013 for low back pain, as well as numbness, tingling, and weakness into her lower extremity. The patient describes her pain as aching and burning and is exacerbated with activity; however, it is alleviated with the use of an H-Wave system. The patient was seen most recently on 10/22/2013 for continued right buttock pain, which radiates into her legs. On the physical examination, it was noted that the patient has motor strength of 5/5 bilaterally in the EHL, tibialis anterior, gastrocs, and quads. The patient does have right buttock pain with a positive Faber's sign and a positive pelvic rock test. The patient's sensation was noted to have improved, and her wounds were well-healed. The patient was recommended for proceeding with the authorized sacroiliac joint injection and to followup in 2 weeks for re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device 3 additional months for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: According to California MTUS Guidelines, it states that H-wave stimulation devices are not recommended as an isolated intervention, but a 1 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 is used as an adjunct to a program of evidence-based functional restoration, and only if following failure of initially-recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. In the case of this patient, there was reference to the patient having positive efficacy from the use of this device; however, there are no objective findings on the recent documentation pertaining to any H-wave stimulation use. Furthermore, the documentation does not indicate the patient is utilizing this device in adjunct to another evidence-based functional restoration program. With the absence of sufficient information pertaining to the use of this device, the requested service for H-wave stimulation device for 3 additional months for the low back cannot be established. As such, the requested service is non-certified.