

Case Number:	CM14-0004533		
Date Assigned:	02/05/2014	Date of Injury:	10/09/2012
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery and is licensed to practice in 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 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 46-year-old male who has submitted a claim for lumbar sprain and spondylolisthesis L5 to S1 associated with an industrial injury date of October 9, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent lower back pain with radiation towards the left lower extremity. Physical examination of the lumbar spine showed restricted ROM due to pain, guarding with motion, hyperextension of the lower back causes radiating pain to the left posterior thigh, and positive SLR on the left. Treatment to date has included NSAIDs, opioids, TENS, home exercise programs, physical therapy, and acupuncture. Utilization review from December 19, 2013 denied the request for DME-H-wave device purchase for the lumbar spine due to lack of documentation regarding functional improvements with H-wave use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE, PURCHASE FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 117-118.

Decision rationale: According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when it will be used as an adjunct to a method of functional restoration. It is only recommended following failure of initial conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient has been using the H-wave device since August 2013. Patient reported decreased need for intake of oral pain medications, increased performance in daily activities, resulting to greater overall function. However, progress notes from December 12, 2013 reported significant pain in the lumbar spine. The patient is still being considered for lumbar epidural steroid injection. In addition, there were no reports that the patient is doing home exercise programs along with usage of H-wave device. A program of evidence-based functional restoration is required when using H-wave. Therefore, the request for H-wave device, purchase for the lumbar spine is not medically necessary.