

Case Number:	CM14-0006554		
Date Assigned:	02/07/2014	Date of Injury:	12/04/2012
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Orthopaedic Surgery 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:

This 55-year-old female medical records clerk sustained an industrial injury 12/4/12. Injury occurred when the chair she was sitting in collapsed and she fell flat to the floor, with acute onset of coccyx and low back pain. Initial x-rays were negative for acute fracture or dislocation, but demonstrated degenerative changes in the lumbosacral spine. The 3/19/13 lumbar MRI impression documented moderate L4/5 spinal stenosis with a disc bulge, annular tear, and posterior degenerative change. There was axillary recess stenosis at this level encroaching on both L5 nerves. There was a disc bulge and annular tear at L5/S1 with mild spinal and left axillary recess stenosis, encroaching on the left S1 nerve. There was mild multilevel spinal, axillary recess, and neuroforaminal stenosis. The 11/27/13 treating physician report cited subjective complaints of constant grade 7-8/10 pain and stiffness in the coccyx, low back and upper back. Pain was worse with bending, twisting and heavy lifting. Pain was improved with heat and TENS. Physical exam noted normal gait, lumbar paraspinal tenderness, no muscle spasms, marked loss of flexion, moderate loss of extension, pain with motion, negative straight leg raise, and symmetrical deep tendon reflexes. She reported that TENS provided modest partial relief, but H-wave in the past had provided significant relief. Medications have either been ineffective or caused side effects, only using Tylenol. The patient was to perform home range of motion and stretching exercise, and walking program. The patient was working modified duty. The 12/9/13 H-wave form indicated the patient complained of pain, exhibited impaired range of motion and activities of daily living. The diagnosis was neck and lumbosacral sprain/strain. The patient had tried physical therapy and exercise, medications, and a home or clinical trial of TENS. The patient reported ineffective pain relief from medications, temporary relief with physical therapy and 5 months of home TENS unit use with partial relief for 1 to 1-1/2 hours. Significant relief was noted with H-wave in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) DAY TRIAL H WAVE FOR HOME USE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDE, , 120-7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRANSCUTANEOUS ELECTROTHERAPY , 117-118

Decision rationale: Under consideration is a request for a 30-day trial of H-wave for home use. The Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based H-wave trial may be considered as option for diabetic neuropathy 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 stimulation (TENS). Guideline criteria have been met. Comprehensive conservative treatment, including physical therapy, chiropractic, acupuncture, opioid medications, anti-inflammatory medications, neuropathic medications, TENS, and activity modification, has been tried and failed. Medication side effects have been documented with Cymbalta, Prozac, Trazodone, Lyrica, Gabapentin, ibuprofen, and Naprosyn. The patient reports the most significant pain relief from H-wave in the clinical setting. Therefore, this request for a 30-day trial of H-wave for home use is medically necessary.