

Case Number:	CM14-0007817		
Date Assigned:	02/07/2014	Date of Injury:	08/09/2011
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 56-year-old male with a 8/9/11 date of injury. He was noted to have had lumbar surgery on 6/24/2013. A progress note dated 10/14/13 noted that the patient would be starting physical therapy in 2-3 months. The patient was seen on 12/24/13 for ongoing back radiating leg pain complaints from a 6-/10 without his medication to a 2/10 with his medications (Norco 4 daily, and Nucynta, which the patient was noted to be weaning down). He was not noted to be in any physical therapy. The patient is noted to be diabetic. Exam findings revealed normal gait, no evidence of back spasm, slightly limited lumbar range of motion with pain on movement, positive straight leg raise at 70 degrees bilaterally, normal lower extremity strength with normal range of motion of the hips, knees, and ankles bilaterally. Sensation was intact. An Achilles and patellar reflex could not be elicited bilaterally. It was noted the patient may be a good candidate for a spinal cord stimulator. An H wave was requested on 12/27/14 to reduce pain and assist in Narcotic weaning. Treatment to date: LESI, medications, L5/S1 fusion 6/24/13, physical therapy for the left foot. A UR decision dated 1/9/14 denied the request for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE: 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: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no indication that the patient has utilized an failed a TENS unit. In addition, the patient was noted to be starting physical therapy in 2-3 months in a progress note dated 10/14/13, yet there is no indication the patient has had or failed this planned therapy. In addition, there was no clear rationale with regard to the H wave unit other than assisting in narcotic weaning which is not a criterion for an H wave trial. Therefore, the request for an H wave unit was not medically necessary.