MAXIMUS Federal Services

Case Number:	CM14-0101706		
Date Assigned:	09/16/2014	Date of Injury:	12/17/2009
Decision Date:	12/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine and is licensed to practice in California 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 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 40 year old male patient who sustained a work related injury on 12/17/2009. Patient sustained the injury due to a slip and fall incident. The current diagnoses include post-laminectomy syndrome of lumbar region, myalgia and myositis, chronic pain syndrome, lumbosacral spondylosis without myelopathy and depressive disorder. Per the doctor's note dated 8/21/14, patient has complaints of low back and left lower extremity pain and left buttock pain. Physical examination revealed normal gait and ROM and normal neurological examination. Examination of the lumbar spine on 7/9/14 revealed range of motion flexion of 45 degrees, normal neurologic examination, and negative straight leg raise negative bilaterally. The current medication lists include Venlafaxine, Protonix, Gabapentin, Norco, Relafen, Lexapro, Tramadol and Melatonin. The patient has had MRI of the lumbar spine on 4/29/14 that showed evidence of discectomy with inter body and anterior fixation at L5-S1 and small hemagioma at L3 and X-ray of the low back 7/30/12 that revealed a solid fusion at LS-S1. The patient's surgical history includes lumbar fusion surgery. The patient has received an unspecified number of the chiropractic visits for this injury. The patient has used a TENS unit. Patient has participated in 10 treatment sessions of cognitive behavioral psychotherapy since his initial evaluation on 11/20/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, 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: Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is "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)." A physical examination on 8/21/14 revealed normal gait and Range of Motion (ROM) and normal neurological examination. An examination of the lumbar spine on 7/9/14 revealed range of motion flexion of 45 degrees, normal neurologic examination, and negative straight leg raise negative bilaterally. Any significant functional deficits of the low back that would require Home H-Wave Device, purchase was not specified in the records provided. Per the records provided, any indications listed above were not specified in the records provided. The patient has used a TENS unit for this injury. The detailed response to the previous use of the TENS unit for this injury was not specified in the records provided.This patient has received an unspecified number of chiropractic visits for this injury. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of Home H-Wave Device, purchase is not fully established for this patient.