MAXIMUS Federal Services

Case Number:	CM14-0105375		
Date Assigned:	09/16/2014	Date of Injury:	08/25/2008
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine, and is licensed to practice in Pennsylvania, Ohio, Michigan, 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:

The injured worker is a 46-year-old who sustained an August 25, 2008 occupational injury while gainfully employed as a correctional officer. The mechanism of injury is he stepped into a pot-hole while responding to an alarm. The diagnoses listed as spinal stenosis of lumbar region without neurogenic claudication (724.02). The most recent progress note dated 5/30/14 revealed use of an H-Wave and the outcome report for 114 days which helped more than prior treatments, decreased medication usage and increased daily activities was documented. A progress note dates January 22, 2014 revealed complaints of severe ongoing low back pain with radiation to bilateral lower extremities, severe bilateral hip pain, and worse on right than on the left, sleep difficulty secondary to pain. Physical examination revealed ambulation with an anatalgic gait, tenderness to palpation of the lumbar paraspinal musculature, range of motion of the lumbar spine is decreased secondary to pain, straight leg raise testing positive in the right lower extremity, muscle strength testing demonstrates weakness of the right lower extremity compared to the left. Prior treatment includes transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, physical therapy, chiropractic, aquatic, and prescribed medications. Diagnostic imaging studies include a CT lumbar spine (non-contrast) showed no significant interval change from June 3, 2013, postoperative changes at L4-5 and L5-S1 compatible with interbody fusion, with a grossly stable postoperative appearance, mild to moderate foraminal narrowing at L4-5 again noted. A prior utilization review determination dated June 11, 2014, resulted in denial of home H-wave stimulator device quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, (7/18/2009); regarding H-wave s.

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

Decision rationale: The requested home H-Wave device is not approved for LBP (low back pain) self-management because this request fails to satisfy the CA-MTUS Guidelines. The Chronic Pain Medical Treatment Guidelines states that this device is not recommended except on a trial basis for management of either diabetic neuropathic pain or chronic soft tissue inflammation only after a failure of initial conservative care including: Physical Therapy, prescribed medication and transcutaneous electrical stimulation (TENS). The Chronic Pain Medical Treatment Guidelines states H wave stimulation 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)." Therefore, the request for a Home H-wave device is not medically necessary or appropriate.