

Case Number:	CM14-0013219		
Date Assigned:	02/24/2014	Date of Injury:	07/08/2013
Decision Date:	07/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The patient is a 63-year-old female who has submitted a claim for lumbar spine herniated nucleus pulposus with degenerative disc disease and left lower extremity radiculopathy, left knee patellar tendonitis, and lateral meniscus tear associated with an industrial injury date of July 8, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent severe lower back and left knee pain with radiation, numbness, and tingling sensation down the left leg. Physical examination of the lower back showed tenderness to the left paralumbar area, 4+/5 strength in the quadriceps, and positive SLR. Physical examination of the left knee revealed tenderness over the patellar tendon and lateral joint line, restricted ROM, and positive McMurray's. Treatment to date has included NSAIDs, opioids, topical analgesics, back bracing, anticonvulsants, home exercise programs, and physical therapy. Utilization review from January 20, 2014 denied the request for home H-wave unit for the lumbar spine and left knee because H-wave is not recommended for acute, subacute, or chronic lower back pain or radiculopathy pain syndromes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Unit for the Lumbar Spine and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 166-167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) 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, previous H-wave use provided slight improvement of symptoms. Progress notes from January 8, 2014 reported failure of anti-inflammatory medications and physical therapy. However, there were no reports of failure of a 1-month TENS trial. Medical necessity for H-wave was not established. Therefore, the request for home H-wave unit for the lumbar spine and left knee is not medically necessary.