

Case Number:	CM14-0013738		
Date Assigned:	02/28/2014	Date of Injury:	11/13/2012
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
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 Neurological 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:

The records presented for review note that this 57-year-old individual was injured in November, 2012. The diagnosis is noted as a lumbar spondylosis. The mechanism of injury was a motor vehicle collision. There are ongoing complaints of low back pain with lower extremity symptomology, associated with the surgical laminectomy completed in late 2013. Also noted were fractures which are reported to be healing. Treatment included multiple enhanced imaging studies and other conservative interventions. Marginal changes are noted on electrodiagnostic testing. Antidepressant medications were initiated in December, 2013. All surgical hardware was also removed. A psychiatric evaluation and treatment were completed. Additional injection therapies were suggested to address the facet joint disease in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF HOME H-WAVE DEVICE TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, .

Decision rationale: MTUS Chronic Pain p 117 indicates that this request 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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. However, when noting the date of injury, the mechanism of injury, the actual injury sustained, the surgical interventions completed and the current physical examination there is no clinical indication presented to suggest that the pain generator is a diabetic neuropathy. As such, there is insufficient clinical data presented to support this request. The request for 30 Day Trial Of Home H-Wave Device To The Lumbar Spine is not medically necessary and appropriate.