

Case Number:	CM14-0013958		
Date Assigned:	02/26/2014	Date of Injury:	08/20/2012
Decision Date:	08/04/2014	UR Denial Date:	01/28/2014
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:

This is a 58-year-old female patient with an 8/20/12 date of injury. The 1/16/14 progress report indicates persistent lower back pain radiating to the lower extremities. Physical exam demonstrates lumbar tenderness, left quadriceps and EHL weakness, diminished sensation in the left thigh and left foot. There is positive straight leg raising test on the left. There is limited lumbar range of motion. Lumbar x-rays demonstrate grade 1-2 spondylolisthesis at L3-4. There is borderline instability with 3-mm motion on flexion-extension views. Treatment to date has included TENS unit, physical therapy, medications, activity modification, and pain management. There is documentation of a previous 1/28/14 adverse determination for lack of an H-wave trial and lack of additional evidence-based functional restoration in addition to H-wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: California 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). However, there remains no indication that the patient has had a trial to demonstrate efficacy of H-wave therapy, as the request is for a purchase of the unit. Even for a trial, there is no evidence that the patient would have failed her TENS treatment. There remains no evidence that H-wave therapy will be used as an adjunct to another method of functional restoration. There is also no evidence that the patient's complaints are related to chronic soft tissue inflammation. Therefore, the request for purchase of H-wave unit was not medically necessary.