

Case Number:	CM14-0014245		
Date Assigned:	02/26/2014	Date of Injury:	10/28/2010
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 patient is a 39-year-old male who was injured on 10/28/2010. Mechanism of injury is unknown. Prior treatment history includes the patient underwent anterior L5-S1 fusion on 05/10/2013. He uses an H-Wave unit that was certified on 10/31/2013. Diagnostic studies reviewed include x-ray of the lumbosacral spine revealing postoperative and degenerative changes appear stable. Progress note dated 09/16/2013 documented the patient is in for follow-up and symptoms better. (No VAS noted or indication of functional improvement). Pre H-Wave unit approved visit dated 10/21/2013 documented the patient with complaints of back pain. His symptoms are better and he is able to drive short distances up to 25 miles. His back pain at night is rated 2-3/5. His medications include: Medi-Derm cream Cartvisc Proteolin Myofibex Restone 3- Baclofen Solution Lidocaine 5% patch Cymbalta Prilosec Gabapentin Naproxen Tramadol Objective findings on examination reveal coordination is within normal limits. He has increased range of motion. Assessment: 1. Spine-lumbosacral spondylosis without myelopathy 2. Lumbar spine HNP Progress note during H-Wave trial approval documented the patient is getting by with Aleve. His leg and back pain have markedly improved. He denies any leg pain, numbness, tingling or weakness. He can walk up to one mile without significant problems. Objective findings on examination reveal he could walk on his tip toes and heels without difficulty. The sciatic nerve stretch test was negative. His lower extremity examination demonstrated motor strength 5/5. Recommendations: He is not ready for supervised physical therapy. Progress note dated 12/11/2013 history of illness is unchanged since 10/21/2013 exam. Improvement is to be expected. Warm water aqua therapy and H-Wave are helpful. He has increased driving skills. Progress note dated 01/23/2014 documented the patient takes an occasional Robaxin and tramadol 50 mg bid. He denies leg pain. He has tolerable back pain. Objective findings on examination reveal his lumbar flexibility is normal. All other physical findings are unchanged

since 11/04/2013 exam. Recommendations: The patient is ready for supervised physical therapy with trunk strengthening and flexibility exercises. UR report dated 01/21/2014 denied the request for 3 additional months of H-Wave unit rental. Case notes indicate a one month trial of H-Wave was certified on 10/31/2013, however, there are no office notes detailing the outcome of that trial that were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE UNIT x 3 ADDITIONAL MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H WAVE STIMULATION (HWT),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE STIMULATION, 117

Decision rationale: MTUS guidelines allow for continued use of the H-wave device if, after a one-month trial, there is documentation of frequency use, outcomes in terms of pain and function, and concurrent participation in functional restoration activities. This is a request for an additional 3 months of H-wave use. However, at the time of the request, there is only mention that the H-wave is helpful. Otherwise, more descriptive discussion goes back to a 9/9/13 note in which the patient is noted to have decreased pain and positive results from H-wave use. There is no discussion of frequency of H-wave use throughout the record. Recent detail with regard to outcome in terms of pain and function along with discussion of concurrent functional therapies is lacking. Medical necessity of continued use is not established.