

Case Number:	CM14-0130674		
Date Assigned:	08/20/2014	Date of Injury:	10/27/2008
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 40 year old male who sustained an industrial injury on 10/27/2008. While attempting to assist a co-worker in holding up a loaded pallet to prevent it from falling, it was too heavy and fell. He fell to the ground, landing on his knee, and felt pain in his low back. He underwent lumbar decompression in March 2011, lumbar fusion with hardware in December 2012, and is status post lumbar spine revision surgery performed 1/31/2014. Postoperative care has included medications and physical therapy. According to the neurosurgical evaluation report dated 7/21/2014, the patient returns for follow up for his lumbar spine. He continues complaints of severe back pain with radiculopathy. It is felt he is desensitized to his medications, making pain control worse. Trying to do exercises make things overall worse. Dr. Gumbs, who provides his medications, is not able to see him for another 2 weeks, so he will be given short supply of Norco, Flexeril, and also added Neurontin to his regimen, in the interim. On examination, trunk ROM is 50% of normal, worse with extension, strength 5/5 in bilateral iliopsoas, quadriceps and hamstrings, 4/5 in anterior tibialis and EHL on the left and 4+/5 on the right, sensation diminished in left L5 dermatome, and reflexes are trace throughout. CAT scan of lumbar spine shows good positioning of the instrumentation and hardware at the L4-5 level, there is fusion mass within the cage, but no posterior or lateral interdigital fusion at this point; there is significant bone spur towards the left hand side which is effacing the neuroforamen of L4-5 causing compression of the exiting L5 nerve root; there is also narrowing of the right-sided foramen from facet hypertrophy. Diagnosis status post lumbar revision surgery. Recommendations are for CAT scan and MRI of the lumbar spine, referral to pain management for medication management and H-wave stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Stimulation Unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Transcutaneous Electrotherapy

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

Decision rationale: According to the CA MTUS guidelines, H-Wave 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 to respond to conventional therapy, including physical therapy, medications, and TENS. The medical records do not establish this patient was unresponsive to postoperative conventional therapy including physical therapy, medications and TENS. The patient does not have diabetic neuropathic pain or chronic soft tissue inflammation. The request for an H-wave stimulation device is not supported by the evidence based guidelines, and is not medically necessary. The request is non-certified.