

Case Number:	CM14-0136415		
Date Assigned:	10/08/2014	Date of Injury:	06/21/2009
Decision Date:	10/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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:

There were 187 pages provided for this review. There was a utilization review from November 25, 2013. The patient had a spinal cord stimulator. There was a request now for authorization for treatment using an H wave device. Per the records provided, there was a primary treating physician's orthopedic report. The claimant continued to have right leg pain and has failed to improve with a spinal cord stimulator. He continued to have weekly blood tests and continued to treat with the infectious disease specialist for antibiotics for chronic infection. The device would be used for 30 to 60 minutes sessions. His diagnoses were L4-S1 pseudoarthrosis, status post L4-S1 posterior spinal instrumentation and fusion, status post spinal cord stimulator done on May 24, 2013, successful spinal cord stimulator trial, regional pain syndrome of the right lower extremity, failed back syndrome and status post removal of the spinal cord stimulator on December 12, 2013. He continues to be tender over the right sacroiliac joint which is his primary complaint. There was mention of radiofrequency ablation being planned as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave trial, unspecified duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 116 of 127. Decision based on Non-MTUS Citation Pain section, under NMES units

Decision rationale: The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note:H-wave stimulation (HWT)Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used:- as an adjunct to a program of evidence-based functional restoration-only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave trial. Moreover, the duration was unspecified, further not permitting a valid assessment of clinical necessity for the modality requested. The request was appropriately not medically necessary under MTUS criteria.