

Case Number:	CM14-0152627		
Date Assigned:	09/22/2014	Date of Injury:	09/26/2000
Decision Date:	10/22/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 65-year-old male who has submitted a claim for thoracic pain from T5 to T8, status post cervical fusion (2001 and 2003), status post lumbar decompressive surgery (2005), status post lumbar fusion surgery (08/26/2009), and status post lumbar surgery (04/23/2013) associated with an industrial injury date of 09/26/2000. Medical records from 07/25/2013 to 09/10/2014 were reviewed and showed that patient complained of neck and back pain graded 4-8/10. Physical examination revealed tenderness over cervical and lumbar paraspinal muscles, decreased cervical and lumbar ROM, and intact neurologic evaluation of lower extremities. MRI of the lumbar spine dated 06/03/2014 revealed status post anterior discectomy L3-4 and L4-5, L4-5 disc bulge, and right L4-5 neural foraminal stenosis. Treatment to date has included cervical fusion (2001 and 2003), lumbar decompressive surgery (2005), lumbar fusion surgery (08/26/2009), lumbar surgery (04/23/2013), left T12-L1 ESI (06/26/2014), physical therapy, TENS, H-wave trial, and pain medications. Of note, there was no objective documentation of functional outcome with previous physical therapy, TENS, H-wave, and pain medications. There was no documentation of active participation in HEP. Utilization review dated 09/11/2014 denied the request for Home H-wave device because objective functional improvement from H-wave trial was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: 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 Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient had previous trial of H-wave. However, there was no objective documentation of functional improvement with H-wave, as well as physical therapy and TENS. The guidelines require documentation of failure with both TENS and physical therapy prior to approval of H-wave use. Furthermore, it was unclear as to whether the patient was actively participating in HEP. The guidelines do not recommend the use of H-wave as primary mode of treatment. The request likewise failed to specify the body part to be treated. Therefore, the request for Home H-wave device is not medically necessary.