MAXIMUS Federal Services

Case Number:	CM14-0153205		
Date Assigned:	09/25/2014	Date of Injury:	04/16/2007
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 54-year-old female with a date of injury 4/16/2007. She is 8-months (02/04/14) status post L4-5 and L5-S1 fusion with instrumentation. Treatment records dated 8/7/14 document that a trial of H-Wave was conducted between 7/11/14 and 8/7/14, and allowed decreased need for oral medications. On 09/09/14, the patient complained of constant low back pain, average rated at 8/10, with numbness and tingling into the lower extremities, right greater than left. Medications reduced pain to 4-5/10, and allowed improved function and increased physical activity. Physical examination revealed diffuse tenderness over the lumbar paraspinal, with spasm. The Straight Leg raise test is positive bilaterally. Neurological examination revealed diminished sensation to light touch over the right medial calf. Motor strength in the lower extremities was full and unimpaired. Treatment to date: medications, chiropractic, surgery, H-wave trial. An adverse determination was received on 08/29/14; because the patient was benefiting from medications, including pain relief sand improved function; she did not meet the Guideline requirements for patients to have failed treatment with medications and physical therapy, plus TENS. Therefore, the request for a home H-Wave device purchase was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: Upheld

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

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

Decision rationale: CA 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). This patient presents with constant pain in the lower back, 8-months following L4-5/L5-S1 fusion. Pain is rated as 8/10, but is reduced to 4-5/10 with medications. There are also documented functional improvements with medication. The request for a home H-Wave device is predicated upon its ability to reduce the need for oral medications; however CA MTUS guidelines for H-Wave require that the patient has failed on medications and physical therapy, plus TENS. This patient reports both pain reduction and functional improvement in response to medications. Therefore, the request for a home H-Wave device purchase is not medically necessary.