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| Case Number: | CM14-0167409 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 09/10/2012 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 28-year-old man who sustained a work-related injury on September 10, 2012. Subsequently, he developed chronic low back pain. According to the progress report dated August 14, 2014, the patient continued to have lower back pain with numbness down the bilateral lower extremities posteriorly. He rated his pain as a 9/10 without medications and 7/10 with medications. On examination, the patient walked with normal gait and had a normal heel-toe swing-through gait, with no evidence of limp. There was palpable tenderness and spasms of the paravertebral muscles, bilaterally. Dorsalis pedis and posterior tibial pulses were present. There was decrease sensation in the bilateral lower extremities in the S1 dermatome. The range of motion was limited by pain. The straight leg raise was positive in the bilateral lower extremities. MRI of the lumbar spine done on August 23, 2013 showed L4-5 and L5-S1 disc degeneration with mild height loss at L4-5 and moderate to severe at L5-S1. There is an annular tear at L5-S1 with moderate lateral recess stenosis. X-rays of the lumbar spine done on August 23, 2013 showed retrolisthesis of L4 on L5. There is disc degeneration of L4-5 and L5-S1. The patient has been using his H-wave unit since August 4, 2014. A report dated August 24, 2014, summarized the use and success seen while utilizing the home H-wave unit prescribed. The unit has been used for back pain and has helped the patient more than prior conservative treatments including TENS unit, physical therapy, medications, e-stim, chiropractic, and acupuncture. The patient reported a 20% improvement in pain with H-wave usage. The patient was diagnosed with retrolisthesis L4 on L5, L5-S1 stenosis, and L4-S1 disc degeneration. The provider requested authorization to use H wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines < H wave stimulation Page(s): 117.

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. There is no evidence of neuropathic pain. Therefore the request for a Home H -Wave device is not medically necessary.