

Case Number:	CM14-0178548		
Date Assigned:	10/31/2014	Date of Injury:	08/09/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 injured worker is a 56 year-old male who was injured on 8/10/13. He complained of nonradiating lower back pain and occasional left shoulder pain after pulling a heavy cart. On exam, he had a tender back, decreased range of motion of spine and left shoulder, mildly decreased strength of his lower extremities, normal reflexes, and intact sensation. His xray showed grade II spondylolisthesis of L5 on S1 and mild retrolisthesis on L2 on L3, multidegenerative disc disease. A 8/2013 MRI showed moderate bilateral L5-S1 neuroforaminal stenosis caused by a 1cm spondylolisthesis of L5 on S1, a 3 mm posterior and bilateral intraforaminal L5-S1 disc protrusion and disc space narrowing at the L5-S1 interspace and bilateral spondylolysis at L5. There were lumbar disc protrusions without neurologic impingement. He was diagnosed with spondylolisthesis, lumbar spinal stenosis and herniated nucleus pulposus, and left shoulder subacromial impingement. A shoulder MRI did not reveal a tear of the rotator cuff tear. He had a corticosteroid injection with improvement. He had physical therapy which was documented both as providing minimal improvement in symptoms and that he "has done exceptional well with his physical therapy" and was cleared to work. Mobic did not help his pain. According to a peer review, the patient had used a H-wave device with 90% improvement but there were no progress notes to support this. The recurrent request is for the purchase of a H-wave unit.

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 for Lumbar and LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The patient used a home H wave device according to peer review but not found documented in progress notes, which helped improve symptoms by 90%, but there was no subjective or objective evidence given of this improvement. According to MTUS guidelines, in order to try an H-wave device, the patient has to have failed conservative therapy such as medications, physical therapy and a trial of a TENS unit. It is unclear by the record if other medications were trialed. Mobic was not effective but other medications were not prescribed. It was documented that he did well with physical therapy and was able to return to work. Therefore, he did not fail conservative treatment. He also did not have a trial of the TENS unit yet. Therefore, the purchase of an H-wave device is not medically necessary at this time.