

Case Number:	CM14-0185080		
Date Assigned:	11/12/2014	Date of Injury:	08/05/2010
Decision Date:	12/30/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 male with an injury date of 08/05/10. Based on the 09/22/14 progress report provided by treating physician, the patient complains of low back pain. Patient is status post lumbar laminectomy, date unspecified. Patient had caudal epidural steroid injection on 08/21/14, left L5-S1 transforaminal epidural injection on 01/30/14, and sacroiliac joint injection on 11/01/13. Physical examination to the lumbar spine revealed mild to moderate tenderness to palpation to the paralumbar muscles, and the left lumbosacral spine. Positive Straight leg raise test. Mild decrease to sense of touch at plantar left foot, medial and posterior leg. Patient's current medications include Norco, Meloxicam, Gabapentin, Tizanidine and Flexor patch. He continues with home exercise program. Patient is on modified work with restrictions. Per Request for Authorization form dated 10/06/14, treater is requesting Purchase of H-wave device for Home use for the diagnosis of chronic pain. Patient had a free 30 day trial of H-wave per "H-Wave Patient Delivery Evaluation" form dated 08/15/14. There is no mention of TENS or H-Wave trial in review of medical reports. MRI of the lumbosacral spine, per treater report 09/22/14- multilevel disc protrusion with neural foraminal stenoses at L2-3 thru L5-S1 with moderate left neural foraminal narrowing contacting the S1 nerve roots EMG/NCS: L5-S1 left active radiculopathy; mild peripheral neuropathy of the left sural nerve, per treater report 09/22/14 Diagnosis 09/22/14- LUMBAGO status post L5-S1 discectomy- LUMBOSACRAL NEURITIS NOS by EMG/NCS at L5-S1 Left- sprain sacroiliac NOS, left- spinal stenosis, lumbar by MRI The utilization review determination being challenged is dated 10/27/14. Treatment reports were provided from 11/01/13 - 10/09/14.

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 (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Patient presents with low back pain. The request is for HOME H-WAVE DEVICE. Patient is status post lumbar laminectomy, date unspecified. Patient had caudal epidural steroid injection on 08/21/14, left L5-S1 transforaminal epidural injection on 01/30/14, and sacroiliac joint injection on 11/01/13. Patient's diagnosis on 09/22/14 included lumbago, lumbosacral neuritis and sacroiliac sprain. MRI of the lumbosacral spine, per treater report 09/22/14 revealed "multilevel disc protrusion with neural foraminal stenoses at L2-3 thru L5-S1 with moderate left neural foraminal narrowing contacting the S1 nerve roots." Patient's current medications include Norco, Meloxicam, Gabapentin, Tizanidine and Flexor patch. He continues with home exercise program. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Treater has not discussed reason for the request. Per Request for Authorization form dated 10/06/14, treater is requesting purchase of Home H-wave device, for the diagnosis of chronic pain. It appears patient had a 30 day trial of the unit at no cost, prior to authorization. An "H-Wave Patient Delivery Evaluation" form dated 08/15/14, was submitted. However there is lack of documentation in treatment reports by provider, such as any pain scales, reduction in medication use, and previously failed TENs trial. Recommendation is for denial.