

Case Number:	CM14-0020419		
Date Assigned:	04/30/2014	Date of Injury:	12/28/2011
Decision Date:	07/09/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 Physician 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:

██████████ is a 35-year-old woman who sustained a work-related injury on December 28, 2011. Subsequently she developed low back pain. Her physical examination dated April 22, 2013 noted pain with lumbar extension and left-side rotation, negative straight leg raise test and Faber's test, and mild tenderness over the left greater trochanter. A follow up examination dated July 19, 2013 revealed a diagnosis of lumbar spondylosis at L4-5 and L5-S1 and atrophy of the left lower extremity. Her MRI showed disc desiccation and posterior bulge at L4-5 and L5-S1. Her examination did not reveal neurological deficit, but, other than a motor weakness of the hip adductors and quadriceps, it was also noted that she had a profound atrophy of the left leg with a 2.5 cm atrophy of the left thigh. Her EMG and nerve conduction study examination dated September 6, 2013 was within normal limits. There was no evidence of a neuropathy, plexopathy, or radiculopathy in the left lower extremity. The patient was noted to have a previous RFA ablation, which did not provide any improvement and states that her left buttock is numb after her RFA treatment. She was noted to have normal manual motor testing. Sitting and straight leg raising were negative. Reflexes were normal and sensation appeared to be symmetric. The patient was treated with Lidoderm, hydrocodone and flexeril since a least 2013. According to the August 5, 2013 progress report, the patient continues to have pain and impaired activities of daily living. It was reported that after "one" initial treatment with H-wave, her pain and ROM improved to 100%. The provider requested authorization to use H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE UNIT FOR HOME USE ON LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE UNIT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment 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 study supporting its use in radicular pain. There is no documentation that the request of H-wave device is prescribed with other pain management strategies. Furthermore, there is no clear evidence for the need of H- wave therapy. There is no documentation that the employee tried and failed conservative therapy. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no documentation that H-wave therapy will be used in combination with other therapy modalities. Therefore a Home H-wave device is not medically necessary.