

Case Number:	CM14-0022676		
Date Assigned:	06/11/2014	Date of Injury:	12/23/2002
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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, and is licensed to practice in California and Minnesota. 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 44-year-old who reported an injury on December 23, 2002 due to an unspecified mechanism of injury. On January 15, 2014 she reported muscle soreness and aching in the lower back. Physical exam revealed steady gait assisted by a walker, intact neuro exam, and good motor exam. An x-ray of the lumbar spine performed on December 18, 2013 revealed interbody fusion changes at L3-4, old posterior spinal fusion changes at L4-S1, Grade 1 anterolisthesis of L5 and S1, and interbody fusion changes interval progression at S1. Her diagnoses included arthrodesis status, lumbar spondylosis without myelopathy, lumbosacral disc degeneration, lumbar spinal stenosis, and low back pain. The treatment plan was for the purchase of a home h-wave device for the lumbar spine. The request for authorization form and rationale for treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE FOR THE LUMBAR SPINE: 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 Electotherapy Page(s): 117,118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that h-wave stimulation not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no documentation that the injured worker is currently in an adjunct program for functional restoration. Furthermore, there is no documentation provided stating that the injured worker had undergone a trial with the h-wave device that resulted in functional improvement. The documentation provided lacks the necessary information needed to warrant the purchase of an h-wave device. The request for the purchase of a home h-wave device for the lumbar spine is not medically necessary or appropriate.