

Case Number:	CM14-0032461		
Date Assigned:	04/11/2014	Date of Injury:	04/16/2012
Decision Date:	09/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 04/16/2012 due to unknown mechanism. The injured worker was diagnosed with L4-5 lateral recess stenosis, bilateral lumbar radiculopathy, and status post bilateral L4-5 laminotomies. Prior treatment includes physical therapy as well as caudal epidural steroid injections performed on 09/13/2012, 10/18/2012, and 12/06/2012 and an interlaminar epidural steroid injection at right L5-S1 performed on 03/21/2013. Prior diagnostic studies include a lumbar MRI on 08/03/2012 as well as an EMG/NCV on 01/30/2013. Surgical history includes lumbar laminotomy, facetectomy, and foraminotomy at L4-5 on 10/18/2013. On 01/15/2014, the injured worker saw her physician, complaining of ongoing neck pain. She had cervical radicular complaints to the left and back pain as well. The physician noted examination of the cervical spine revealed spasm and tenderness. Cervical spine and lumbar spine range of motion was limited. Straight leg raise and slump maneuver produced radiating pain to the buttocks bilaterally. Deep tendon reflexes were intact. The physician noted pain on forward flexion as well as extension to her neck and lower back. Radicular pain was noted as still present, although diminished. The injured worker was prescribed tramadol, Prilosec, atenolol, and phenobarbital. The physician's treatment plan is to continue with current medications, home exercise program, and physical therapy. A Home Electrotherapy Recommendation and History Form was provided dated 01/14/2014 which indicated the injured worker had utilized a TENS unit in physical therapy for a total of 18 visits without adequate benefit. It was noted the TENS unit provided during physical therapy provided short relief at best but did not help with inflammation. The physician recommended authorization for an H-wave unit. The Request for Authorization form and rationale were not provided with these documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT(RENTAL/PURCHASE) FOR 3 MONTHS FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

Decision rationale: The request for an H-wave unit rental/purchase for 3 months for the lumbar spine is not medically necessary. The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, a 1 month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. This would be approved only after following a failure of initially recommended conservative care, including recommended physical therapy, medications, plus a trial of a TENS unit. The physician has noted steroid injections and surgical procedures have failed. The physician has also noted conservative care and pain medications have failed. The clinical information provided indicated the injured worker had tried a TENS unit during physical therapy for a total of 18 visits with only short term pain relief and no improvement in inflammation. However, a TENS unit being provided during physical therapy is not consistent with an adequate trial of a TENS unit to meet guideline criteria. Also, the guidelines would support an initial 1 month trial prior to a purchase to determine efficacy and the request as submitted is for a rental/purchase for 3 months which exceeds guideline recommendations. As such, the request for H-wave unit rental/purchase for 3 months for the lumbar spine is not medically necessary.