

Case Number:	CM14-0037364		
Date Assigned:	06/25/2014	Date of Injury:	06/25/2001
Decision Date:	11/26/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 & 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 58 year old female with an injury date on 06/25/2001. Based on the 01/22/2014 progress report provided the diagnoses are status post multiple lumbar fusion; lumbar discogenic disease; chronic low back pain; status post bilateral fascial release; status post bilateral tarsal tunnel release; and instability spondylolisthesis L2-3. According to this report, the patient complains of "chronic low back pain, bilateral hip pain, bilateral foot pain, status post multiple lumbar fusion, bilateral plantar fascial release, and tarsal tunnel release." Physical exam reveals tenderness over the midline incision, as well as over the bilateral lumbar facet joints, L2-S1 and left sacroiliac joint. Lumbar range of motion is restricted with pain. Moderate spasm is noted at the lumbar paraspinal muscles. Deep tendon reflexes were trace at the patella and 1+ at the Achilles bilaterally. Compression test at the SI joint and thigh thrust test are positive. Exam of the bilateral feet reveals positive Tinel sign bilaterally. There is tenderness along the plantar fascia. There were no other significant findings noted on this report. The utilization review denied the request on 02/21/2014. The treatment reports provided are from 07/31/2013 to 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation HWT Page(s): 117, 118.

Decision rationale: Based on the 01/22/2014 report, this patient presents with "chronic low back pain, bilateral hip pain, bilateral foot pain, status post multiple lumbar fusion, bilateral plantar fascial release, and tarsal tunnel release." The treating physician is requesting "continue H-wave unit daily as it helps significantly." Per treating physician, "This patient has failed conservative treatment measures of oral medications, activities modifications, physical therapy and prolonged rest." Regarding H wave units, MTUS guidelines pages 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for 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 (TENS). For home use, functional benefit including medication reduction must be documented. In this case, the reports show that the patient "has failed conservative treatment" and had functional benefit with the use of the H-wave; "helps significantly." The request is to continue the use of H-wave and there does not appear to be any reason to stop using the unit. The request is not for supplies, replacement unit or a new unit. It is just to "continue" current H-wave usage. Therefore, this request is medically necessary.