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| Case Number: | CM14-0054605 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 09/28/2009 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Occupational 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 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 48-year-old male who has submitted a claim for degenerative lumbar disc disease, lumbar radiculopathy, and post-laminectomy syndrome associated with an industrial injury date of 09/28/2009. Medical records from 07/31/2013 to 07/07/2014 were reviewed and showed that patient complained of low back pain graded 10/10 with burning sensation to right buttocks and legs. Physical examination revealed ambulation with a single point cane and difficulty performing heel and toe walking due to back pain. Tenderness over the right side of the lower lumbosacral region was noted. MMT was 5/5 in bilateral lower extremities. SLR test was negative. X-ray of the lumbar spine dated 03/28/2013 revealed anatomic placement of instrumentation at L4-S1. CT scan of the lumbar spine dated 05/28/2013 revealed L4 to S1 solid fusion. MRI of the lumbar spine with and without contrast dated 03/24/2014 revealed anterior plate and screw fixation as well as posterior pedicle screw fixations at L4-5 and L5-S1 with previous fusion, and signs of facet arthropathy at L4-5 and L5-S1 otherwise normal. Treatment to date has included left L5-S1 partial hemilaminotomy and left partial facetectomy (06/28/2011), L4-5 decompression and fusion (2012), physical therapy, exploration and refusion L4-5 and L5-S1 secondary to pseudoarthrosis (05/28/2013), lumbar facet injections, and pain medications. Utilization review dated 03/26/2014 denied the request for Home H-wave unit, one month evaluation because it was unclear why the patient would not be a candidate for TENS trial before considering H-wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit, one month evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was no documentation of a failed TENS unit trial which is required prior to consideration of H-wave treatment. There was no documentation of active participation by the patient in HEP. The guidelines do not recommend H-wave as a solitary treatment modality. The request likewise failed to specify the body part to be treated. Therefore, the request for Home H-wave unit, one month evaluation is not medically necessary.