MAXIMUS Federal Services

Case Number:	CM14-0066359		
Date Assigned:	07/11/2014	Date of Injury:	09/22/1981
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 75-year-old male with a 9/22/81 date of injury, and status post L5 laminectomy and L4-5 fusion, and status post right total knee replacement. At the time (4/30/14) of request for authorization for permanent H-wave unit purchase, there is documentation of subjective (pain in the neck referred to the shoulders and trapezial areas, pain in the lower back referred to the right side and right leg pain) and objective (neck range of motion with mild restriction and mild impingement signs) findings, current diagnoses (lumbar spinal stenosis at L2-3 and L3-4, remote fusion at L4-5, and right leg radiculopathy), and treatment to date (nerve blocks, epidural steroid injections, activity modification, TENS unit, and use of H-wave unit). 4/2/14 medical report identifies that symptoms are improved with the use of H-wave and TENS unit, and that this has helped with night-time sleep. 1/27/14 medical report identifies that the patient noticed good success with H-wave unit, it has decreased pain and allowed patient to be more active and more comfortable, especially at nighttime. There is no documentation that the unit was used as an adjunct to ongoing treatment modalities within a functional restoration approach and how often the unit was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent H-wave unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis at L2-3 and L3-4, remote fusion at L4-5, and right leg radiculopathy. In addition, there is documentation of a trial of H-wave unit with reported decreased pain and increased activity. However, there is no documenation that the unit was used as an adjunct to ongoing treatment modalities within a functional restoration approach and how often the unit was used. Therefore, based on guidelines and a review of the evidence, the request for permanent H-wave unit purchase is not medically necessary.