MAXIMUS Federal Services

Case Number:	CM14-0070004		
Date Assigned:	07/14/2014	Date of Injury:	01/18/2006
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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, 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 55-year-old male with date of injury of 01/18//2006. The listed diagnoses per [redacted] dated 02/10/2014 include lower back pain, bulging lumbar disk, sacroiliac joint disease and myofascial pain. According to this report, the patient complains of low back pain. He reports significant pain relief with Norco, naproxen, and Flexeril. He is able to sleep through the night without waking up secondary to pain. The physical examination shows the patient's gait is antalgic. The patient's lower extremity strength is 5/5 bilaterally; the sensation is intact and equal and the deep tendon reflexes are +2 and symmetric. The sacroiliac joints are tender on the right greater than the left. Patrick's sign and Gaenslen's maneuver are positive bilaterally. There is tenderness over the paraspinals with significant muscle tightness and myofascial restrictions in the lumbar spine. Straight leg raise is positive bilaterally. The utilization review denied the request on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HWave purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117 and 118.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting an H-wave purchase. The MTUS Guidelines pages 117 to 118 support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. The progress report dated 02/10/2014 notes that the physician is requesting a 30-day in-home H-wave trial. The physician further states that the patient has tried and failed physical therapy and TENS unit. Then on 04/11/2014 the physician notes that the patient started using the H-wave unit and finds it very helpful in reducing pain and increasing function. In the same report, the physician continued to prescribe Norco 10/325, naproxen 550 mg, and Cyclobenzaprine without any reduction. While the patient reports benefit while using the H-wave unit including reduction of pain and increased function, there is no documentation of medication reduction. MTUS requires documentation of medication reduction for continued use of H-wave unit. Therefore the request is not medically necessary.