MAXIMUS Federal Services

Case Number:	CM14-0074717		
Date Assigned:	07/16/2014	Date of Injury:	01/02/2014
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/22/2014

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 53-year-old male who has submitted a claim for lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain associated with an industrial injury date of 01/02/2014. Medical records from 01/23/2014 to 07/16/2014 were reviewed and they documented that the patient complained of low back pain graded 6-7/10 radiating down the right leg. Physical examination revealed tenderness over bilateral L4-5 and L5-S1 lumbar paraspinal muscles (right greater than left) and facet joint of L5-S1 (right greater than left). Decreased and painful lumbar Range of Motion (ROM) with flexion and extension was noted. Decreased sensation over the left thigh was noted. MMT of bilateral lower extremities was 5/5. DTRs were 2+ except for Achilles DTRs (1+). SLR test was positive. MRI of the lumbar spine dated 02/18/2014 revealed L3-4 disc bulge with bilateral facet hypertrophy, moderate right-sided neural foraminal narrowing, mild left-sided neural foraminal narrowing, and mild spinal canal narrowing. Treatment to date has included H-wave 30-day trial (05/14/2014 to 06/13/2014) used less than 30 minutes twice daily for lower back right side with 30% pain reduction, unspecified visits of physical therapy and TENS (06/13/2014), and pain medications. A utilization review dated 04/29/2014 denied the request for H-wave 30-day trial because patient has not previously tried and failed a Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave 30 Day Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Blum, 2006; Blum2, 2008; McDowell, 1999.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 118-120.

Decision rationale: According to the CA MTUS 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, the patient's response to physical therapy and (TENS) were not documented. Documentation of failure with both physical therapy and (TENS) is necessary in order to support H-wave stimulation trial. There is no clear indication for H-wave stimulation based on the available medical records. Of note, documentation of H-wave 30-day trial (05/14/2014 to 06/13/2014) for lower back right side with 30% pain reduction was noted. It is unclear as to why a repeat 30-day trial of H-wave stimulation is needed. Furthermore, the request failed to specify the body part to be treated. Therefore, the request for H-Wave 30 Day Trial is not medically necessary.