

Case Number:	CM14-0078556		
Date Assigned:	07/18/2014	Date of Injury:	06/30/2010
Decision Date:	09/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 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:

This 52 year-old patient sustained an injury on 6/30/10 while prepping boxes for UPS during employment with [REDACTED]. Request(s) under consideration include Home H-wave device purchase. Diagnoses include low back pain; multilevel DDD; L4-5 stenosis/ bilateral lumbar radiculopathy. Conservative care has included physical therapy, medications, and modified activities/rest. Orthopedic AME re-evaluation of 8/28/13 noted the patient to be P&S with unchanged impairment rating. MRI of lumbar spine dated 5/3/12 showed normal cord; no advanced spinal stenosis, disc herniation, or neuroforaminal narrowing; with mild to moderate multilevel degenerative changes. There was a utilization review dated 2/12/14 authorizing 3 additional rental months of H-wave. Current April report from the provider noted patient with pain rated at 8/10 before H-wave use, now with 40% improvement with nonspecific better sleep cited. Request(s) for Home H-wave device purchase was denied on 5/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 115-118.

Decision rationale: This 52 year-old patient sustained an injury on 6/30/10 while prepping boxes for UPS during employment with [REDACTED]. Request(s) under consideration include Home H-wave device purchase. Diagnoses include low back pain; multilevel DDD; L4-5 stenosis/ bilateral lumbar radiculopathy. Conservative care has included physical therapy, medications, and modified activities/rest. Orthopedic AME re-evaluation of 8/28/13 noted the patient to be P&S with unchanged impairment rating. MRI of lumbar spine dated 5/3/12 showed normal cord; no advanced spinal stenosis, disc herniation, or neuroforaminal narrowing; with mild to moderate multilevel degenerative changes. There was a utilization review dated 2/12/14 authorizing 3 additional rental months of H-wave. Current April report from the provider noted patient with pain rated at 8/10 before H-wave use, now with 40% improvement with nonspecific better sleep cited. Request(s) for Home H-wave device purchase was non-certified on 5/19/14. Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of 2010. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's functional status has remained unchanged. The Home H-wave device purchase is not medically necessary.