

Case Number:	CM14-0079319		
Date Assigned:	07/18/2014	Date of Injury:	06/07/1991
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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:

According to the records made available for review, this is a 63-year-old male with a 2/6/02 date of injury. At the time of the request for authorization for a home H-Wave device, there is documentation of subjective findings that include severe pain in his low back which radiates to the left posterior thigh to foot in L5 distribution, left knee pain and bilateral shoulder pain, trouble walking secondary to shooting pain down legs, and bilateral knee pain and swelling. Objective findings that include spasms in the low back left greater than right at L5 with triggers, straight leg raise is positive on the right at 45 degrees, sensation is decreased in left posterior thigh, and cervical range of motion is decreased by 20% in all planes and is painful were noted. The current diagnoses include lumbar radiculitis, lumbar disc displacement with L4-5 neuroforaminal stenosis, left knee internal derangement, cervical radiculopathy, fibromyalgia, and chronic pain syndrome. Treatment to date includes medication and an H-Wave device. In addition, there is no documentation of the effects and benefits of the one month trial, how often the unit was used, and outcomes in terms of pain relief and function. There is no documentation of chronic soft tissue inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, page(s) 117-118 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 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 radiculitis, lumbar disc displacement with L4-5 neuroforaminal stenosis, left knee internal derangement, cervical radiculopathy, fibromyalgia, and chronic pain syndrome. In addition, there is documentation of treatment with an H-Wave device. However, there is no documentation of chronic soft tissue inflammation. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.