

Case Number:	CM13-0011614		
Date Assigned:	10/11/2013	Date of Injury:	06/26/2009
Decision Date:	11/23/2015	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 40 -year-old female who sustained an industrial injury on 6-26-2009. Diagnoses have included lumbar lower limb non-specific radiculopathy, facet arthropathy, lumbar disc bulge and lumbar sprain. A diagnostic MRI dated 4-15-2011 was stated to support the diagnoses, and a prior MRI dated 6-29-2010 had showed diffuse disc bulge at L5-S1 with lateral recess and neuroforaminal narrowing. Undated x-rays had shown decreased disc height at L5-S1 with 90 degree rotational tropism. Documented treatment noted in the provided documentation includes medication. On 5-22-2013 the injured worker presented with complaints of constant, slight intermittent moderate to severe lumbar spine pain with occasional radiation to the bilateral lower extremities with the left being worse. She also reported numbness and tingling in her feet and toes, which was also greater on the left. Bending was reported to increase her pain and she had limited range of motion. The physician's examination showed flexion at 4 degrees and extension at 10 degrees. She experienced pain but it was worse with flexion. Straight leg raise test was positive on the left and she reported pain along the posterior thigh. The treating physician's plan of care included a 130 day rental of an H-wave electrical stimulation unit to be used as home "in conjunction with a home exercise program." This was denied on 7-13-2013. The injured worker had been working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY RENTAL OF HOME H-WAVE UNIT FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient was injured on 06/29/09 and presents with constant slight intermittent moderate to occasionally severe lumbar spine pain across the lower back, radiation of pain along the buttocks with tightness/soreness, occasional radiation of pain down the posterior thighs, numbness/tingling of the feet/toes, and increased pain with bending and limited range of motion. The request is for a 30-DAY RENTAL OF HOME H-WAVE UNIT FOR THE LUMBAR SPINE to be used at home in conjunction with a home exercise program. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is working full active duty. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care...and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. The patient has a restricted lumbar spine range of motion and a positive straight leg raise with radiation of pain along the posterior thigh. She is diagnosed with lumbar lower limb non-specific radiculopathy, facet arthropathy, lumbar disc bulge, and lumbar sprain. Review of the reports provided does not indicate any prior H-wave use. Given that the patient was injured in 2009, she may have exhausted her conservative care. Due to the continuous neuropathic pain, a 1-month home-based trial of H-wave stimulation appears reasonable. The request IS medically necessary.