

Case Number:	CM14-0186576		
Date Assigned:	11/14/2014	Date of Injury:	10/30/1998
Decision Date:	01/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 10/30/98 when, while lifting a heavy piece of glass, he had low back pain. Treatments included chiropractic care and physical therapy. He underwent a lumbar spine fusion in October 2002 followed by physical therapy eventually returning to work in 2004. He had ongoing symptoms and further surgery and physical therapy was recommended. On 02/03/14 he underwent revision lumbar spine surgery. In post-operative follow-up on 02/10/14 he had decreased lower extremity sensation and strength and was ambulating with a cane. Xanax, Motrin, Norco, and Colace were prescribed. Authorization for physical therapy beginning in four weeks was requested. On 03/05/14 he was having ongoing pain with lower extremity radicular symptoms. There had been improvement in the radicular symptoms after surgery but he was having ongoing low back pain. Physical examination findings included lumbar paraspinal muscle and sacroiliac joint tenderness with decreased range of motion. The claimant was evaluated for physical therapy on 03/17/14. Pain was rated at 9/10. As of 04/14/14 he had completed 12 treatment sessions. He was having ongoing pain with right lower extremity radicular symptoms. Treatments included use of an interferential stimulation unit. As of 05/05/14 he had completed 17 treatment sessions. On 08/13/14 he was having ongoing low back and right lower extremity radicular symptoms. He was having pain over the right sacroiliac joint. Pain was rated at 7-8/10. Physical examination findings included decreased lumbar spine range of motion and decreased right lower extremity sensation. Soma was prescribed. On 09/19/14 there had been a decrease in symptoms after a sacroiliac joint injection. He had stopped taking pain medications. Pain was rated at 5/10. Physical examination findings included decreased lumbar spine range of motion and right low back pain with spinal extension. There was consideration of a caudal epidural injection. He was

continued out of work. The claimant was evaluated again for physical therapy on 10/13/14. He was having persistent pain and radicular symptoms. Pain was rated at 6-9/10. Physical examination findings included decreased lower extremity strength with positive right straight leg raise. There was decreased and painful lumbar spine range of motion. Modalities included H-wave stimulation. As of 10/20/14 he was attending his fourth treatment session. He was tolerating exercise without increase pain. He was continuing to receive H-wave stimulation treatments. He was seen by the requesting provider on 10/22/14. He was having ongoing low back pain with radicular symptoms. There had been significant pain relief after injections. Pain was rated at 9/10 without medications and 5-6/10 with medications with reported improvement in activities of daily living. Physical examination findings included lumbar paraspinal muscle tenderness and spasm with decreased right lower extremity strength and sensation. Recommendations included continued physical therapy. Norco 10/325 mg #60 and Motrin 800 mg #60 were prescribed. Authorization for an H-wave unit was requested. In physical therapy as of 10/29/14 the claimant was attending his seventh treatment session. There had been a flare up of pain four days before after performing household activities. Physical examination findings included severe muscle guarding with tenderness and restricted motion. Treatments were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave home care system purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He recently underwent another surgery in February 2014 but has ongoing symptoms. Treatments have included two courses of physical therapy including in-therapy use of an H-wave unit. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option. In this case, the claimant has not undergone a home-based trial of H-wave stimulation and therefore the requested H-Wave home care system purchase is not medically necessary.