

Case Number:	CM14-0190300		
Date Assigned:	11/21/2014	Date of Injury:	12/14/2009
Decision Date:	01/09/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/14/2014

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 Preventive 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 42-year-old male with a 12/14/09 date of injury. At the time (10/17/14) of the Decision for 30 Day Home trial of an H-Wave Unit and One (1) LSO brace, there is documentation of subjective (low back pain) and objective (decreased range of motion of the lumbar spine) findings, current diagnoses (bilateral L5-S1 pars interarticularis defect, Grade I spondylolisthesis L5-S1 ischemic type, mild to moderate disc degeneration at L4-L5, chronic low back pain, lumbar instability with 5mm of translation, and lumbar radiculopathy), and treatment to date (medications and physical therapy). There is no documentation of chronic soft tissue inflammation, H-wave used as an adjunct to a program of evidence-based functional restoration, and failure of initially recommended conservative care, including recommended physical therapy and transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day home trial of an H-Wave unit: 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.

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 (i.e., exercise) 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 bilateral L5-S1 pars interarticularis defect, Grade I spondylolisthesis L5-S1 ischemic type, mild to moderate disc degeneration at L4-L5, chronic low back pain, lumbar instability with 5mm of translation, and lumbar radiculopathy. In addition, there is documentation of failure of conservative treatment (medications and physical therapy). However, there is no documentation of chronic soft tissue inflammation, H-wave used as an adjunct to a program of evidence-based functional restoration, and failure of initially recommended conservative care, including recommended physical therapy and transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for 30 day home trial of an H-Wave unit is not medically necessary.