

Case Number:	CM14-0204478		
Date Assigned:	12/18/2014	Date of Injury:	04/10/2000
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Emergency Medicine 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 is a 59-year-old male with a work related injury first dated February 6, 2000 and then April 10, 2000. At the physician's visit dated October 29, 2014, the worker was complaining of constant neck, mid back and lower back pain, which is worse with mechanical type activity. Mid back pain was reported to radiate up into the chest with deep inspiration. Prolonged walking exacerbates pain. Past treatment had included physical therapy, multiple epidural steroid injections, spinal fusion surgery, TENS unit therapy and acupuncture therapy. Current pain medication at this visit included Tramadol. Examination was remarkable for tenderness and guarding in the lumbar paraspinal musculature, particularly over the facet joints at L5-S1 along with fullness and swelling. Diagnoses at this visit included status post anterior lumbar fusion at the L3 to L5 with subsequent hardware removal, spondylosis and degenerative disc disease with the thoracic spine with marginal osteophytosis at the T8-9 and T9-10. Per the documentation, an H-Wave device was requested because of the fullness and swelling in the soft tissue around his paraspinal area. The utilization review decision dated November 21, 2014 non-certified the request for a thirty-day trial for H-Wave unit. The request was documentation as not medically necessary. H-Wave stimulators are recommended for reducing pain from chronic diabetic peripheral neuropathy. The devices have not demonstrated to be effective in treating chronic pain due to ischemia, muscle spasms, muscle strains or reducing edema. The non-certification was based on the ACOEM, Low Back Summary of recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day trial for H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: The requested 30 day trial for H-wave unit is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has constant neck, mid back and lower back pain. The treating physician has documented lumbar paraspinal tenderness and spasm. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above have not been met. Therefore, the request for 30 day trial for H-wave unit is not medically necessary.