MAXIMUS Federal Services

Case Number:	CM14-0208424		
Date Assigned:	12/22/2014	Date of Injury:	05/09/2014
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 25 year old male with an injury date of 05/09/14. Based on the progress report dated 11/24/14, the patient complains of low back pain, mostly right sided, rated at 2/10. Physical examination reveals tenderness to palpation in the bilateral paravertebral muscles along with slightly reduced forward flexion of the lumbar spine. The patient is experiencing difficulty with sitting, standing, reclining, walking, and negotiating the steps, as per progress report dated 08/12/14, along with difficulty in sexual function, driving and riding a bicycle. Medications, as per progress report dated 11/24/14, include Cyclobenzaprine and Ibuprofen. Physical therapy has helped improve the pain slightly, as per progress report dated 08/12/14. The patient has reached maximum medical improvement and has been allowed to work with restrictions, as per progress report dated 08/12/14. X-ray of the Lumbar Spine, 06/20/14, as per progress report dated 08/12/14: - Sacralized first sacral segment - Possible small avulsion fracture of spinal process of L5 - Slight wedge deformity of L1 with approximately 10% loss of height MRI of the Lumbar Spine, 07/10/14: - Impingement potential exists at L4-5 where 4.5 mm broad based posterior disc protrusion and mild opposing ligamentum thickening and facet arthopathy resulting in mild to moderate bilateral stenosis of lateral recesses. - Mild bilateral stenosis of the lateral recesses caused by 4.5 mm midline posterior disc protrusion and mild opposing bilateral facet arthropathy Diagnosis, 11/24/14: Lumbar strain Vs Spinous process fracture. The provider is requesting for H-Wave Unit. The utilization review determination being challenged is dated 12/03/14. Treatment reports were provided from 06/20/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

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

Decision rationale: The patient presents with low back pain, mostly right sided, rated at 2/10, as per progress report dated 11/24/14. The request is for H-Wave Unit. Per MTUS Guidelines, "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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117 of Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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." In this case, the patient has already received a trial for the H-wave unit. In progress report dated 11/24/14, the provider states that "The patient has been trial on an H wave unit which has been very beneficial on improving spasms, decreasing soft tissue inflammation and improving pain." The provider is requesting for a purchase of the unit to avoid "escalation of medication use to narcotics." "I believe it efficacy proves it value," the provider says. However, the progress report does not document the number of times the unit was used per day and the duration of each session. The decrease in pain scale and objective increase in function are not discussed specifically as well. Hence, the request for the purchase of a Home Unit is not medically necessary.