MAXIMUS Federal Services

Case Number:	CM14-0032605		
Date Assigned:	06/20/2014	Date of Injury:	09/14/1995
Decision Date:	01/23/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family Practice 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:

This a male injured worker with a date of injury of September 14, 1995. The mechanism of injury is unknown. More current diagnoses include status post left L3-4 and L4-5 hemilaminotomy and discectomy with history of dural repair, adult lumbar scoliosis with multi-level disc disease, worsening bilateral lumbar radiculopathy and sizable left-sided lumbar disc herniation L2-3 with lumbar disc disease and more broad central disc protrusion at L3-4. On January 22, 2014, the injured worker complained of moderate to severe back pain. He had difficulty walking, changing position and getting on to the exam table. There was tenderness in the lumbar paraspinous regions. Motion was restricted and caused painful symptoms. There was guarding with motion and muscle spasm present. His gait was antalgic. Treatment modalities listed included medications, physical therapy, acupuncture, TENS unit, and a home exercise program. Notes stated that he was tolerating the medications well, but they did improve his low back pain and related symptoms. In the physician's progress report addendum dated February 20, 2014, state that while using a home H-wave device, the injured worker reported a decrease in the need for oral medications. He was able to perform more activities and had greater overall function. A request was made for a home H-wave device for purchase. On March 3, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device E1399 Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): Pages 117-118. Decision based on Non-MTUS Citation Blue Cross Blue Shield 2007, Aetna 2005

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: This patient has chronic low back pain after surgical laminectomy, a condition referred to as "failed back." The documentation provided discusses a one month trial, however, there is no clear statement that quantifies the degree of pain relief, nor the degree of improvement in functioning. In addition, the treatment guidelines state that H-wave stimulation is not recommended as an isolated intervention. To date, there are no prospective studies of patients with chronic low back pain who benefitted from H-wave stimulation years after the post-operative time frame. H-Wave stimulation is not medically indicated.