MAXIMUS Federal Services

Case Number:	CM15-0107305		
Date Assigned:	06/12/2015	Date of Injury:	04/05/2011
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 27 year old male who sustained an industrial injury on 04/05/2011. He reported back pain. The injured worker was diagnosed as having situation post lumbar fusion, back pain, radiculopathy stenosis. Treatment to date has included a lumbar fusion and decompression (12/03/2014), medications and physical therapy. Currently (03/07/10), the injured worker complains of a severe sharp, dull and achy low back pain with pain in the left leg and weakness and burning pain on the outer portion of the calf. There is overall improvement in both the back pain and left leg neuropathies. The worker also complained of a metallic taste in the mouth from the Neurontin. The dosage was decreased. Norco 10/325 and Neurontin were both requested (04/18/2015). The treatment plan includes a formal request for additional physical therapy, and a request for authorization of an H-wave unit.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page

114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation ACOEM 3rd Edition Low back disorders 2011 http://www.guideline.gov/content.aspx?id=38438.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy and H-wave stimulation. MTUS Chronic Pain Medical Treatment Guidelines state that H-wave stimulation (HWT) 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 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). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states that TENS is not recommended. ACOEM Chapter 12 (Page 300) states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM 3rd edition (2011) indicates that H-wave stimulation is not recommended for low back disorders. The patient is treating for chronic low back pain and is status post posterior spinal fusion and decompression performed on 12/3/2014. H-wave stimulator was requested. The neurosurgical report dated 4/18/15 documented the diagnosis of status post L5-S1 posterior spinal fusion and decompression. ACOEM 3rd edition (2011) indicates that H-wave stimulation is not recommended for low back disorders. MTUS and ACOEM guidelines do not support the medical necessity of H-wave for low back disorders. Therefore, the request for H-wave unit is not medically necessary.