

Case Number:	CM15-0163207		
Date Assigned:	08/31/2015	Date of Injury:	06/01/1990
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation

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 is 60 year old female who sustained an industrial injury on 6-1-90. The mechanism of injury was unclear. She currently complains of intermittent, moderate pain in the back and left leg. On physical exam of the lumbar spine there was mild pain to palpation across the lower ½ of the lumbar spine with radiation into adjacent paraspinal muscles; left lower extremity exam was normal except for non-dermatomal numbness. With therapy and medications she was able to do light household chores without difficulty. Medications were Soma, Norco, and gabapentin. Diagnoses include status post L2-3 decompression (12-2014); lumbar spondylosis; lumbar radiculopathy; lumbar neurogenic claudication; intractable low back pain. Treatments to date include medications with benefit; aqua therapy (completed 6 out of 12) with benefit of pain reduction; home physical therapy; H-wave (per 6-3-15 note number of days not indicated) with benefit; psychological evaluation; spinal cord stimulation. Diagnostics include MRI of the lumbar spine (6-3-14) showing collapsed disc space at L2-3, central canal stenosis. In the progress note dated 7-29-15 the treating provider's plan of care included a request for home H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device: 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 H-wave stimulation Page(s): 117-118.

Decision rationale: Based on the 7/29/15 progress report provided by the treating physician, this patient presents with improved, moderate, and intermittent low back pain and left leg pain which is dependent on activity. The treater has asked for Home H-Wave Device on 7/29/15. The patient's diagnoses per request for authorization dated 7/29/15 are lumbar spondylosis. The patient is s/p L2-3 decompression from December 2014 per 7/29/15 report. The patient has improved overall, and is able to do light household chores without difficulty per 7/29/15 report. The patient is s/p 6 sessions of aqua therapy with 6 more to go per 7/29/15 report. The patient is doing well with pain control as she's off Oxycontin and Dilaudid per 6/8/15 report. The patient had high blood pressure, systolic 190-200, and a headache today per 7/20/15 report. The patient's work status is temporarily totally disabled and off work per 6/8/15 report. MTUS pg. H- wave stimulation section pg. 117, 118: "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 treater does not discuss this request in the single progress report provided. The patient was "given a H-wave unit last week which has been helping with pain control" per 6/3/15 report. No other mention of H-wave unit is included in review of reports dated 10/8/14 to 7/29/15. In this case, the treater does document improvement in pain relief, but does not provide documentation as to how often the unit was used or any improvement in function. Due to lack of documentation, the request is not medically necessary.