

Case Number:	CM15-0191804		
Date Assigned:	10/05/2015	Date of Injury:	07/20/2008
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 female patient with a date of injury on 07-20-2008. The diagnoses include chronic low back pain, spondylosis-lumbosacral, cervical radiculopathy, depression, post-laminectomy syndrome-lumbar, malfunction neuro device - explantation of spinal cord stimulator and I & D 10-24-2014, constipation, and strain of supraspinatus muscle or tendon. Per the doctor's note dated 9/23/15, she had complaints of low back pain with radiation to the left lower extremity with tingling, numbness and weakness. Per the Physician progress notes dated from 06-03-2015 to 08-26-2015 the patient has persistent low back pain radiating into the left lower extremity associated with numbness, tingling and weakness. Aqua therapy was making pain worse. The physical examination revealed tenderness over spinal incision with mild sacral paraspinal tenderness; anterior tibialis weakness on the left, decrease sensation to pinwheel over the L3 distribution on the left. She is not working. Current medications include Floranex, Klonopin, Dilaudid, Kadian, Motrin, Oxycodone, Lidoderm patch, Zanaflex, and Phenergan. Her medications provide significant Improvement, and she denies intolerable side effects. Her surgical history includes tonsillectomy, left ear surgery, left ankle ORIF, partial hysterectomy, left ulnar nerve transposition, left first rib resection, nasal fracture repair and lumbar spine fusion surgery. She has had multiple diagnostic studies including a lumbar Magnetic Resonance Imaging dated 01-23-2015 unchanged from Magnetic Resonance Imaging done on 11-14-2014. It showed postoperative changes from prior bilateral posterior rod and screw fixation at L3-L5, with discectomies and laminectomies at L3-4 through L5-S1, no spinal canal stenosis at these levels, Facet arthropathy causes moderate to severe right neural foraminal

narrowing at L5-S1 with mass effect on the exiting right L5 nerve root, L5 post-surgical seroma, moderate spondylitic changes at L2-3, facet arthropathy and disc bulge causing abutment of the bilateral descending L3 nerve roots but no definite nerve root compression. There are nerve roots clumping of the cauda equina in the lower lumbar spine which can be seen in arachnoiditis and chronic appearing compression fracture of T11 with 25% height loss. Treatment to date has included diagnostic studies, medications, therapy, and aqua therapy. H-wave was recommended as it provided great pain relief while in aqua therapy. On 09-18-2015 Utilization Review non-certified the request for H-Wave purchases.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines-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 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)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence that a H-wave unit is used as an adjunct to a program of evidence-based functional restoration is not specified in the records provided. Trial and failure of transcutaneous electrical nerve stimulation (TENS) is not specified in the records provided. The medical necessity of H-Wave unit purchase is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.