

Case Number:	CM13-0068005		
Date Assigned:	01/03/2014	Date of Injury:	08/12/1997
Decision Date:	09/23/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine, has a subspecialty in Orthopedic Surgery and is licensed to practice in Arizona. 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 59-year-old male patient complains of low back and left leg pain that he first experienced on 8/12/1997 while pulling chains from cabin units. He indicates the pain became more prominent 10 years prior to consultation on 7/26/2013. There is minimal documentation of problem in interim period. Due to continued complaints of back and left leg pain he was treated conservatively per drugs [Protonix 40 mg #90 [4 refills] [approved 5/10/2013], Nabumetone 500 mg # 180 [approved 9/18/2013] with good response, Physiotherapy/exercises [approved 10/10/2013] and transcutaneous electric nerve stimulation (TENS) unit. The patient indicates no improvement after course of TENS [Found minimal documentation to assess clinical outcome]. His most recent assessment available to me was 1/28/2014. He presently [1/28/2014] mostly complains of worsening mid-and lower back aching pain that radiates to left thigh, calf and foot, impaired A.D.L. [Activities of Daily Living]. No further detail available. On physical examination, once again documentation presents minimal detail except impaired range of motion, antalgic gait, presence of 'midline scar low back' [no further detail], right leg pain reproduced by straight leg raise and negative findings on neurological examination. Treatment rendered since day of injury: a.Medicationsi.Protonix 40 mg #90 [4 refills] [approved 5/10/2013]. Protonix is part of drugs called proton pump inhibitors and decreases the amount of acid produced in the stomach.ii.Nabumetone 500 mg # 180[approved 9/18/2013]. Nabumetone is a non-steroidal anti-inflammatory drug (NSAID) used for treatment of inflammation and pain.b.Physiotherapy / exercises [approved 10/10/2013]. Inadequate documentation of protocol followed.c.TENS [ordered 11/25/2013] and did not provide satisfactory result]. Once again inadequate data was available.Diagnostic studies consisted of CBC, ' Large Chemical panel ', stool occult blood [approved 2/4/2013] to rule out gastro-intestinal bleeding, renal impairment or liver injury. Diagnosis was documented as lumbar strain [847.2] Recommendations [1/28/2014]

were to continue with previous conservative regime and to add a 30-day trial of Home H-wave Device. Work status included restrictions as per P&S report. UR decision was to deny Home H-wave 30 day trial for lumbar spine. UR decision date was 12/3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Unit for the lumbar spine (30 day trial): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous therapy, Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, H-wave therapy[HWT]).

Decision rationale: The MTUS guidelines for H-wave therapy state that this modality can be used in a trial fashion for pain if conventional conservative therapy that includes medications, physical therapy, and transcutaneous electric nerve stimulation (TENS) unit has failed. I could find no adequate documentation to indicate pain scores or examination findings that this patient's treatment and clinical notes adhered to these criteria. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. This therapy [H-wave therapy] is also not recommended to be used as an isolated intervention but can be implemented for diabetic neuropathic pain in conjunction with a functional restoration program after failure of conventional conservative care. Thus, this patient does not qualify for this scenario of treatment. No documentation of effects and benefits of T.E.N.S. treatment were available to me and therefore, guidelines for H-wave therapy have not been met and the H-wave therapy, in my opinion, is not medically necessary. Double-blinded studies of the H-Wave device are currently underway." (Blum, 2008)ODG [Official Disability Guidelines] also does not recommend H-wave therapy as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for neuropathic pain after unsuccessful conventional conservative treatment. The request is not medically necessary and appropriate.