

Case Number:	CM14-0028440		
Date Assigned:	06/16/2014	Date of Injury:	12/08/2010
Decision Date:	08/28/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 48-year-old diabetic woman who sustained a work-related injury on December 8, 2010. Subsequently, she developed chronic low back pain. The patient underwent a micro discectomy right side L5-S1 on May 29, 2012 and an anterior interbody fusion with discectomy at L4-5 and L5-S1 on April 29, 2013. According to the progress report dated January 15, 2014, the patient reported back pain radiating from low back down both legs. The patient noted that the Duragesic medication has been helpful to reduce her pain from an 8/10 to a 4/10. She noted that Norco is helpful when she has episodic breakthrough pain. Her physical examination revealed lumbar tenderness with decreased lumbar ranges of motion, muscle spasm, trigger points with radiated pain and twitch response upon palpation of the right lumbar paraspinal muscles. Her neurological examination was normal except for slightly decreased motor strength of the extensor hallucis longus, decreased light touch sensation of the medial foot, medial and lateral calf, and anterior thigh on the right side. MRI of the lumbar spine dated February 28, 2012 showed a 6-7 mm central and right paracentral disc herniation with interim increase in disc size since March 28, 2011, right S1 nerve root effacement with mild spinal stenosis, and a 2-3 mm central and left paracentral disc protrusion with findings unchanged since March 28, 2011. The patient was diagnosed with lumbar radiculopathy and low back pain. The patient was treated with physical therapy, lumbar epidural steroid injections, medications (Docusate sodium, Senokot, Gabapentin, Duragesic, Norco, Flexeril), piriformis injection, right sacroiliac joint injection, aquatic therapy, and TENS unit. Urine toxicology report dated September 25, 2013 was positive for methadone, no Norco found, no Gabapentin found. Previous UDS dated July 24, 2013 was positive for Methadone. The patient denies taking Methadone and agrees not to take medication that is not prescribed for her. The provider requested authorization to use H wave therapy.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117.

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There are no controlled studies supporting its use in radicular pain and focal limb pain. In this case there is no documentation that the request of H wave device is prescribed with other pain management strategies or that the patient failed conservative therapies including aquatic therapy. In addition, he has positive response to pain medications. Therefore a Home H wave device is not medically necessary.