

Case Number:	CM15-0118614		
Date Assigned:	06/26/2015	Date of Injury:	08/21/2001
Decision Date:	07/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 55-year-old female with an August 21, 2001 date of injury. A progress note dated May 20, 2015 documents subjective complaints (constant lumbar spine pain in a band like distribution; numbness of the right lateral leg and top of foot), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation of the supraspinatus ligament at L5- sacrum; positive hypoesthesia of the right lateral leg and dorsum of foot), and current diagnoses (lower back pain; L5-S1 posterior annular disc tear; L4-L5 anterior annular disc tear; right L5 and S1 radiculopathy; right sacroiliac joint dysfunction; loss of spinal segment integrity at L3-4). Treatments to date have included medications, L5-S1 microdiscectomy, and imaging studies. The treating physician documented a plan of care that included a thirty day trial of an H-wave homecare system.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day trial of the H-wave homecare system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured 14 years ago. As of May 20, 2015, there was subjective complaints of low back pain, numbness of the right lateral leg and top of the foot. On exam, there is decreased range of motion of the lumbar, and tenderness. Current diagnoses are lower back pain; L5-S1 posterior annular disc tear; L4-L5 anterior annular disc tear; right L5 and S1 radiculopathy; right sacroiliac joint dysfunction; and loss of spinal segment integrity at L3-4. Treatments to date have included medications, L5-S1 microdiscectomy, and imaging studies. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration; only following failure of initially recommended conservative care, including recommended physical therapy (i. e. , exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave trial. Experience with past TENS unit, or exhaustion of other conservative measures are not noted. The request is not medically necessary under MTUS criteria.