

Case Number:	CM13-0001448		
Date Assigned:	11/08/2013	Date of Injury:	06/04/1994
Decision Date:	05/15/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 56 year-old female with a date of injury of 06/04/94. A progress report associated with the request for services identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine and dysesthesias of the S1 dermatome. Diagnoses included lumbar sprain/strain; lumbar facet syndrome; lumbar disc herniation with lumbosacral radiculopathy. Treatment has included H-wave therapy from January up to the date of request. After 14 days of H-wave therapy, pain was noted to be decreased by 50%. Increased activities-of-daily living are noted including increased the ability to walk farther, sit longer, and do more housework. It was noted to be more effective than TENS. She has also received physical therapy, TENS, and medications in the past. A Utilization Review determination was rendered on 07/03/13 recommending non-certification of "purchase of H-wave".

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY; H-WAVE STIMULATION Page(s): 114-118.

Decision rationale: H-wave therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The California Medical Treatment Utilization Schedule (MTUS) states that transcutaneous electrotherapy is not recommended for the low back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: Neuropathic pain, CRPS I and II, Phantom limb pain, Spasticity, Multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration, Evidence that other appropriate pain modalities have been tried (including medication) and failed, A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function, Other ongoing pain treatment should also be documented during the trial period including medication usage, A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The medical Treatment Utilization Schedule (MTUS) Guidelines specifically state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial may be considered for diabetic neuropathy or chronic soft tissue inflammation following failure of initially recommended conservative care, including physical therapy, medications, and TENS. A recent low quality meta-analysis concluded that H-wave therapy had a moderate to strong effect in providing pain relief, reducing the requirement for medication, and increasing functionality. The non-certification was based upon the request for an indication that is not recommended. It was also non-certified due to lack of documentation of failure of prior therapy with a TENS unit, physical therapy, and medication. However, the claimant was having ongoing symptoms having been treated with medication, previous physical therapy, and a TENS unit. Likewise, though the therapy is generally not recommended for the low back; in this case, there is documented improvement of functional measures. Therefore, the record documents the medical necessity for an H-wave unit.