

Case Number:	CM13-0006357		
Date Assigned:	12/11/2013	Date of Injury:	06/06/2012
Decision Date:	08/08/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 47-year-old male with an original date of injury on June 6, 2012. The injured worker has chronic right knee pain and chronic low back pain. The patient's conservative care has consisted of pain medications including Norco, lumbar epidural steroid injections, anti-inflammatory, and physical therapy. The patient has also undergone surgery for the right knee but continues with chronic knee pain. MRI of the lumbar spine performed on April 22, 2013 documents L3-L4 disc protrusion and L4-L5 great ones degenerative anterolisthesis. A utilization review on July 23, 2013 had noncertified this request stating that it did not meet MTUS guidelines and there was no evidence of an adjunct to functional restoration program. There is also a second utilization review dated January 10, 2014 which denied the request for purchase of a H-Wave device. Although this reviewer noted that the patient had a decreased need for oral medication, there was "no recent detailed physical examination provided for review" and there was no physical therapy notes available for review that would indicate the claimant's response to previous conservative therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF MULTIFUNCTIONAL STIMULATOR H-4 (H-WAVE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Section Page(s): 117-8.

Decision rationale: The CA MTUS specifies on page 117-118 of the Chronic Pain Medical Treatment Guidelines the following regarding H-wave stimulation (HWT) are 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). The patient's conservative care has consisted of pain medications including Norco, lumbar epidural steroid injections, anti-inflammatory, and physical therapy. The patient has also undergone surgery for the right knee but continues with chronic knee pain. The guidelines are clear with regard to the criteria for H wave stimulation. The patient must have a functional restoration program and have failed trial of TENS unit. After reviewing the submitted documentation, it is not evident that the patient has had a conventional tens trial, and there is no documentation of how long this trial lasted in the frequency of TENS unit use. This is a prerequisite for H wave stimulation, and the current request is not medically necessary.