

Case Number:	CM13-0018607		
Date Assigned:	11/06/2013	Date of Injury:	06/11/2012
Decision Date:	01/03/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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.

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 54-year-old female who sustained an occupational injury on 6/11/2012 after lifting and moving a patient to a wheelchair. The patient now suffers with low back pain and lower extremity radiculopathy. The patient's prior surgical history includes back surgery in 1997; however, details were not provided. Diagnostic studies include a CT scan which revealed multilevel degenerative disc disease and noted neural foraminal narrowing and documented prior lumbar surgery. The patient's failed prior conservative care includes tramadol, Norco, Celebrex, physical therapy, and prior epidural steroid injections. At the time of this request, the patient had been approved for a lumbar surgery and request for H-wave stimulation for 6 months status post surgery was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-wave unit for the lumbar spine is not medically necessary and appropriate.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

Decision rationale: The California MTUS indicates that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Furthermore, it indicates that H-wave stimulation is not recommended as an isolated intervention

but a 1 month based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathy, neuropathic pain, 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, medications, plus transcutaneous electrical nerve stimulation. According to the documentation provided for review dated 11/15/2012, a physical therapist indicates that the employee would benefit from home H-wave and home lumbar spine traction units to help modulate pain. After which on 11/30/2012, a prescription was written for H-wave unit for home use times 6 months. While there is some evidence in the file to indicate that the employee has had successful relief of pain with use of H-wave therapy during physical therapy sessions, guideline criteria specifically indicates that H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. Furthermore, there must be documentation of a 1 month home based trial of H-wave stimulation as well as documented evidence that its use will be an adjunct to a program of evidence based functional restoration or that the employee has failed treatment with transcutaneous electrical nerve stimulation. While there is some evidence that the use of H-wave therapy is used for the treatment of pain related to a variety of etiologies, its use for anything other than diabetic neuropathic pain and chronic soft tissue injuries cannot be supported at this time due to a lack of peer reviewed evidence. Given that H-wave therapy was prescribed for an indication other than diabetic neuropathic pain or chronic soft tissue injury combined with a lack of documentation to indicate the employee has failed a previous TENS unit or has completed a 1 month home based trial of H-wave stimulation, this request cannot be supported. The request for an H-wave unit for the lumbar spine is not medically necessary and appropriate.