

Case Number:	CM13-0029841		
Date Assigned:	11/01/2013	Date of Injury:	03/09/2001
Decision Date:	10/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

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 and is licensed to practice in Illinois. 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 55-year-old female who reported a date of injury of 03/09/2001. The mechanism of injury was not indicated. The injured worker had diagnoses of degenerative disc disease of the lumbar spine and chronic pain. Prior treatments and diagnostic studies were not indicated within the medical records provided. Surgeries included an L4-5 fusion with hardware for L4-5 spinal stenosis of an unknown date. The injured worker had complaints of residual low back, right hip, and groin pain. The clinical note dated 09/04/2013 noted the injured worker's lumbar range of motion was 50 degrees of flexion, 15 degrees of extension, and 50 degrees of right sided bending. There were mild lumbar paraspinal spasms, a positive bilateral lumbar facet maneuver, and the right straight leg raise caused low back pain, with a left straight leg raise being negative. The range of motion of the right hip was complete; a positive right Patrick's test; resolution of a left Patrick's test; a positive right sub trochanteric stress test; and residual right sub trochanteric tenderness. Medications included Zoloft. The treatment plan included the physician's recommendation for hip and pelvic x-rays, an appointment with the department of rehabilitation, a gym ball for exercise routines, and the continuation of Zoloft. The rationale and Request for Authorization form were not provided within the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-wave unit (rental or purchase): 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 (HWT) Page(s): 117-118.

Decision rationale: The request for an H wave unit (rental or purchase) is not medically necessary. The California MTUS Guidelines indicate H wave units are not recommended as an isolated intervention, but a 1 month home based trial of H wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation is used as an adjunct to a program of evidence based functional restoration, and with following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. There is no evidence that H wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found there were no differences between the different modalities or HWT frequencies. The 1 month H wave stimulation trial may be appropriate as an adjunct to ongoing treatment modalities with in a functional restoration approach as to how the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than 1 month should be justified by documentation submitted for review. While H wave and other similar types of devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. There was a lack of documentation of a recent examination indicating the injured worker had significant functional deficits to warrant the use of an H wave unit. There was a lack of documentation indicating the injured worker had diabetic neuropathic pain, or has failed conservative care treatment to include medications, exercises, or a TENS unit. As such, the request is not medically necessary.