MAXIMUS Federal Services

Case Number:	CM13-0034318		
Date Assigned:	02/12/2014	Date of Injury:	11/17/2011
Decision Date:	04/23/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 61-year-old female with a date of injury of 11/17/2011. The listed diagnoses per [redacted] are: (1) Degenerative lumbar disk and (2) low back pain. According to a report dated 09/05/2013 by [redacted], the patient continues to complain of back pain and exhibits impaired activities of daily living. He is requesting a purchase of an H-wave stimulation unit. Progress report from 08/14/2013 reports patient has low back pain with decreased painful ROM with tenderness of the paraspinals. The patient has decreased sensation lateral aspect of bilateral lower extremities and decreased sensation on all digits, 1 through 5, both left and right. Bilateral strength is noted as 5/5 dorsiflexion/plantar flexion. An MRI of the lumbar spine was reviewed which noted lumbar spondylosis resulting in left L5-S1 neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE STIMULATION UNIT (E1399): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Chronic Pain, H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, "H-wave is 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 if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS Guidelines further state, "Trial periods of more than 1 month should be justified by documentation submitted for review." Medical records indicate this patient trialed an H-wave and received 10% improvement in pain level after 19 days of H-wave use. The patient stated that the H-wave has helped her more than any previous treatment. In the Outcome Report dated 08/07/2013, it was noted that the use of the H-wave was extended to 82 days of use which it produced 20% improvement and helped the patient to sleep better. The patient notes that she is not taking any medication at that time. The patient reports she has noticed the pain is "cut off for a little bit of the time. The numbness helps the pain level. Any improvement is better than none." In this case, the patient has reported 20% improvement with using an H-wave and indicates that she is currently not taking medication. However, subsequent reports described otherwise. A report dated 11/07/2013 notes that the patient had back pain and was using Norco. A progress report from 08/13/2013 states, "she rates the discomfort right now as an 8 on a scale of 10, and she continues to complain of lumbar, sacral, lower thoracic, left posterior leg, and right posterior leg discomfort." Although the patient has reported some improvement with the H-wave device, the documented benefits are not substantial; therefore, the purchase of an H-wave unit is not warranted. The request is not medically necessary and appropriate.