

Case Number:	CM13-0045493		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2011
Decision Date:	07/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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:

This is a 58-year-old female with a 5/17/2011 date of injury. The patient slipped while walking over spilled water and sustained injury to her back, both knees and the left foot. 10/29/13 Progress note describes constant low back pain. The pain is sharp, aching and is aggravated by walking and bending and is decreased by medication. The patient states that she received the H-wave. She is applying the unit to the low back and the right foot twice a day for 30 minutes each time. The patient states, that it does reduce her pain and she is able to walk longer and tolerate better her work duties. 8/19/13 Progress report describes, the patient complains of the pain in the low back and both knees. She also has continued pain in the right gluteal/sacroiliac region. The pain reaches 2/10 with medication and 5/10 without medication. Walking and prolonged standing exacerbates the pain and resting alleviates the pain. Physical examination of the back showed diffuse tenderness to palpation. There is tenderness to palpation over the right SI joint and over both patellas. An in office H-wave trial was done on this date. X-rays of the lumbar spine dated 8/2/13 revealed multilevel degenerative disc disease throughout the lumbar spine. The treating provider has requested a 30 day home trial of a H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY HOME TRIAL OF A H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: The request for one-month trial of H-wave was previously denied. There is a request from [REDACTED], dated October 2013 for Home H-wave device. The submission of notes from 10/29/13 states, that the patient received the H-wave unit and is using it. It is not entirely clear for how long the patient used the H-wave unit. The progress notes state, that the patient underwent PT treatments and benefited from it. It is not clear, if the patient tried and failed TENS unit. CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical necessity of the requested item has not been established. the requested item is not medically necessary.