

Case Number:	CM13-0048619		
Date Assigned:	12/27/2013	Date of Injury:	06/02/2012
Decision Date:	06/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/06/2013

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 Emergency 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 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. 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 31-year-old male who was injured due to a slip and fall at work on 6/2/12. Since then, he has had multiple symptoms, including, but not limited to low back pain with symptoms suggestive of a right lower extremity radiculopathy syndrome. He has had extensive imaging done, including MRI of the brain, spinal cord, and almost the entire right lower extremity. These studies showed minimal, if any anatomic changes to explain the injured worker's symptoms, with the exception of the right thigh, which showed a possible quadriceps muscle injury. He has been seen by numerous medical providers, including neurologists, pain management specialists, physical therapists, a chiropractor, and a physiatrist. He has been given trials of multiple medications and serial physical therapy (including electrical stimulation) and chiropractic visits with little improvement. After these measures, his symptoms remained by-and-large unexplained, and minimally improved. He was discharged by the pain management practice after they felt that there was little more they could offer him. He was prescribed a trial of an H-wave device by his physiatrist. The H-wave unit was purchased, and not rented, but carried a one-month, money-back guarantee. After the one month trial, the unit appeared to help his symptoms more than prior therapies. The frequency of use of the device was documented, as was its effects on the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-wave device: Overturned

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

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

Decision rationale: Based on the provided documentation, it appears that the worker experienced more improvement with H-wave during his trial period than with any other therapy tried previously. Although the scientific evidence for this therapy is weak, few therapies, if any, are effective for this sort of pain. Medications are notoriously ineffective for radiculopathy and similar symptoms. For many individuals who experience this sort of pain, their condition will follow a relapsing and remitting course, which may be lifelong. The MTUS seems somewhat self-contradictory on the topic of H-wave, clearly stating that a trial of this device is reasonable, and at the same time stating that it is unproven, and thus not recommended. The treating physician has provided documentation of improvement with the device as well as frequency of use, which were concerns of the prior reviewer. Also, physical therapy notes, as well as the physiatrist's addendum, seem to indicate that TENS was tried unsuccessfully, another concern of the prior reviewer. Given that the patient improved with this therapy where all others failed, there is no reason this therapy should have been stopped. As such, the request is medically necessary.