

Case Number:	CM13-0048719		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2013
Decision Date:	04/30/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 record notes a 41-year-old individual with a low back injury that occurred on April 23, 2013. The mechanism of injury reported was a slip on water in the women's restroom. The record indicates that the claimant is status post four prior lumbar spine surgeries, the most recent being an L5-S1 fusion in 2011. Conservative treatment has included medications, physical therapy, the use of a cane, a TENS unit, chiropractic care, SI joint injection, and use of an H wave unit. Current medications are noted to be Vicodin, gabapentin, Flexeril, and Lexapro. An MRI of the lumbar spine was obtained on May 24th, 2013 demonstrating postoperative changes at L5-S1, otherwise an unremarkable MRI of the lumbar spine with no evidence for disc herniation or neurologic compromise. Physical therapy was provided in May and June of 2013. A transfer of care was processed in June 2013 2 PM&R. On July 19, 2013 the record notes that the claimant had responded well to the use of an H wave unit during physical therapy and that an H wave unit for home use was recommended by the therapist. A progress note from August 11, 2013 indicates that the claimant is worse than baseline and is requiring medications more frequently than baseline. A progress note dated September 15, 2013 is provided for review indicating that the pain continues to wax and wane. The medication provides some relief. The record notes that the claimant has received the H wave unit for home use and has been using this several times a day 30/60 minutes at a time. Work modifications continue and physical therapy continues. No significant change in physical examination is noted. The diagnosis indicated his low back strain with aggravation of pre-existing condition with a notation that recovery seems to have plateaued. It is additionally noted that "by the patient's account, she remains more symptomatic and impaired in function than baseline". No decrease in medications as noted. Modified work continues. Other than a physical therapy progress note from October evidencing that the claimant continued to receive H wave therapy during physical therapy despite the availability of this

device for home use at the time, there is no other clinical documentation available evidencing an objective positive change following initiation of the H wave unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT, ADDITIONAL THREE (3) MONTHS USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117.

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

Decision rationale: Treatment guidelines support the use of an H wave unit in some clinical settings of chronic soft tissue inflammation when used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation TENS. Subjective documentation is provided noting the claimant reports improvement following the H wave trial. However, there is no objective documentation provided indicating a change in the pain level (as evidenced using the VAS-Visual Analog Scale). Additionally there is no documentation in the record that there has been a decrease in medication use or an increase in functionality. The claimant continues to require modified restrictions. The most recent progress note from the clinician documents specifically that the claimant is more symptomatic and more impaired in function than baseline. Based on the documentation in the record provided, there has been no objective evidence of functional improvement obtained with the trial of the H wave unit. According to guideline recommendations, in the absence of functional improvement noted with the H wave unit trial, there is no clinical indication for the ongoing use of an H wave unit. Therefore the request for H-Wave unit, additional three (3) months use is not medically necessary and appropriate.