

Case Number:	CM13-0063378		
Date Assigned:	01/17/2014	Date of Injury:	06/18/2010
Decision Date:	04/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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:

According to the records made available for review, this is a 51-year-old male with a 6/18/10 date of injury. At the time (10/17/13) of request for authorization for Home H-wave device (purchase/indefinite use) Low Back, there is documentation of subjective (low back pain) and objective (no pertinent findings) findings, current diagnoses (spinal stenosis of lumbar region, lumbago, and lumbosacral disc degeneration), and treatment to date (Physical therapy, TENS unit, lumbar epidural steroid injection, medications, and use of H wave unit for 12 days with 50% reduction in pain). Medical reports identify a treatment plan and treatment goals for the requested H-wave. There is no documentation of chronic soft tissue inflammation; effects and benefits following completion of a one month trial; and how often the unit was used during the one month trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A PURCHASE OF A HOME H-WAVE DEVICE (INDEFINITE USE) FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Section and Title 8, California Code of Regulations, section 9792.20 Page(s).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, the Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spinal stenosis of lumbar region, lumbago, and lumbosacral disc degeneration. In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Furthermore, there is documentation of treatment with the H wave unit for 12 days with 50% reduction in pain. However, there is no documentation of chronic soft tissue inflammation. In addition, despite documentation of 50% reduction in pain after 12 days of the H wave use, there is no documentation of effects and benefits following completion of a one month trial. Furthermore, there is no documentation of how often the unit was used during the one month trial period. Therefore, based on guidelines and a review of the evidence, the request for Home H-wave device (purchase/indefinite use) Low Back is not medically necessary.