

Case Number:	CM14-0000060		
Date Assigned:	01/10/2014	Date of Injury:	10/08/2007
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 61 year old male with an injury reported on 10/08/2007. A lifting injury is reported as the mechanism of injury. The clinical note dated 10/14/2013, reported the injured worker has chronic, intractable back pain for the past 7 years. An MRI dated 11/02/2010, revealed lumbar L3-4, L4-5 desiccation with L4-5 mild to moderate left neural foraminal stenosis and mild right neural for stenosis. The injured worker's diagnoses included facet arthropathy, spinal stenosis, chronic/bilateral L4-5, L5-S1 radiculopathy and muscle spasms. The request for authorization was submitted on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE - RENT FOR ONE (1) MONTH: 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 H-Wave Stimulation (HWT) Page(s): 117.

Decision rationale: The request for home H-wave device-rent for one (1) month is non-certified. The injured worker was reported to have had chronic, intractable back pain for seven years. According to California MTUS guidelines the H-wave is not recommended as an isolated

intervention, but a one-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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker was documented utilizing TENS unit for 30 minutes a day and it was noted to reduce his muscle tension and pain by 40%. The injured worker was also noted performing a daily home exercise therapy in conjunction to the TENS unit, being able to stand, walk, and sit for longer periods of time. The combination of home exercises and TENS unit had been documented as very successful for the injured worker's chronic pain. The California MTUS guidelines also state that there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Moreover, the home exercises and TENS unit have been documented as a successful treatment to the injured worker's chronic pain. Therefore, the request for home H-wave device-rent for one (1) month is not medically necessary and appropriate.