

Case Number:	CM14-0006342		
Date Assigned:	02/07/2014	Date of Injury:	11/01/2003
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/16/2014

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:

The patient is a 56 year old male who has submitted a claim for thoracic pain, thoracic spine degenerative disc disease, and spasm of muscle associated with an industrial injury date of November 1, 2003. Medical records from 2008-2014 were reviewed. The patient complained of mid to low back pain, grade 5/10 in severity. The pain was intermittent and sharp, radiating down the back and legs and sometimes across to the right side of the hip, anterior thigh and to the groin. Physical examination showed spasm, tenderness and tight muscle band on the thoracic paravertebral muscles. There was also tenderness and tight muscle band on the lumbar paravertebral muscles. Range of motion of the lumbar spine was limited. Tenderness was noted over the right trochanter. Knee jerk was 1/4 on both sides. Motor strength and sensation was intact. Imaging studies were not made available. Treatment to date has included medications, chiropractic therapy, home exercise program, activity modification, thoracic epidural steroid injections, TENS unit, and H-wave. A utilization review dated January 13, 2014 denied the request for 1 H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-WAVE; ONE MONTH HOME USE EVALUATION: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines pages 117-118, H-wave therapy 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 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). In this case, the patient has been using H-wave unit since July 2009. Recently, the patient uses it together with TENS unit and chiropractic therapy. The MTUS Chronic Pain Guidelines require failure of TENS, which was not the case for this patient. A progress report dated February 11, 2014 included an appeal regarding the denial of H-wave. It states that the patient uses it to address flare-ups of pain noted with daily physical activities and there was a difference in the quality of pain relief he receives from his H-wave compared to the TENS unit. He states that pain relief is longer and the tight muscles relax after its use. However, there was no documentation regarding objective functional improvement from H-wave treatment. There was also no evidence of failure from conservative care, including exercise and medication. There is no documentation of a short-term and long-term treatment plan from the physician. Moreover, the request failed to specify if the device is for rental or purchase. Therefore, the request is not medically necessary.