

Case Number:	CM14-0113238		
Date Assigned:	09/16/2014	Date of Injury:	04/25/2013
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 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:

Patient with reported date of injury on 4/25/2013. Mechanism of injury is described as a trip and fall. Patient has a diagnosis sprain of the neck, sprain of lumbar region and lumbar disc displacement. Medical reports reviewed. Last report is available until 7/15/14. Note on 6/13/14 reports patient with complains of low back pain radiating to bilateral lower extremities. Patient reports over 70% improvement in pain after lumbar steroid injection. Pain is 4/10. Patient has received lumbar epidural steroid injections on 7/10/14 and 6/13/14. Note on 7/15/14 was a brief progress note that only noted that patient had improvement of back pain after epidural injection. Exam only noted mid-anterior thigh, mid lateral calf and lateral ankle with decreased light touch. Note on 7/15/14 states "rationale" for H-wave was for "first failing conservative treatment options including physical therapy, medications and standard TENS unit." Report states that a 30 day trial of H-wave was done on 6/13/14 and reported "benefits". Note on 7/9/14 states that patient reports decrease in need for oral pain medications with H-wave device. Reports ability to function and decreased pain by "60%". Note mentions that TENS unit was attempted for 1 year starting 6/13 with poor improvement in pain. Objective exam reveals tenderness in posterior cervical spine, paraspinal lumbar spine and with decreased sensation to bilateral anterior lateral legs. Decreased knee reflexes and positive R sided straight leg raise. Urine drug screen (7/11/14) was inconsistent with findings of Norfentanyl. Medication list include Norco, Lyrica and Gabapentin. Independent Medical Review is for H-Wave unit. Prior UR on 7/1/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per MTUS Chronic pain guidelines H-Wave stimulation(HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1 month trial if used as part of evidence based functional restoration program. Several criteria needs to be met before HWT may be recommended.1)Failure of conservative therapy. Meets criteria.2)Failure of TENS therapy. Meets criteria.3)Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is suppose to be.4) Successful trial of HWT for 1 month: Fails criteria. The providers are inappropriately claiming that patient's claimed improvement in pain are due to HWT trial when in fact patient has received 2 epidural steroid injections within the claimed trial period. Such false correlational claims is not appropriate with such a major confounding intervention such as ESI being done at the same time as a claimed trial of HWT. The HWT trial is not valid and fails criteria. Since documentation does not properly document that HWT is part of evidence based functional restoration program and the HWT trial is not valid, H-wave unit is not medically necessary.