MAXIMUS Federal Services

Case Number:	CM14-0124699		
Date Assigned:	08/08/2014	Date of Injury:	09/19/2011
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation 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 51 year old female with date of injury 9/19/11. The treating physician report dated 2/13/14 indicates that the patient presents with pain affecting right lumbar region radiating into the right buttock and posterior right leg. The patient has burning numb pain in the bottom of her right foot. This pain is rated 9/10 in intensity without medication and 7/10 with medication. The patient also reports continuing persistent aching, burning pain in her left shoulder anteriorly and posteriorly. The patient has limited mobility of her left shoulder, which was injured when the patient fell on the stairs while working. The patient rates her shoulder pain 9/10 in intensity without medication and 7/10 with medication. The patient continues on naproxen 550 mg b.i.d. p.r.n., Flexeril 7.5 mg one-half to one h.s. p.r.n. The patient continues to work with limitations. The current diagnoses are Low back pain, Lumbar discogenic pain, Lumbar degenerative disc disease, Right S1 acute moderate radiculopathy, Lumbar myalgia and Left shoulder pain. The utilization review report dated 7/11/14 denied the request for home H-wave device based on the rationale that there has been no clear documentation of a TENS trial. The patient tried TENS at physical therapy but guidelines define a trial as 30 days. The first step is a 30-day TENs trial. On failure of this trial a 30-day trial of H-wave may be done. With clear documentation that shows discontinued or significantly reduced prescription medications and an increase in work function following the H-wave trial a purchase may then be considered. At this time, medical necessity is not yet established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase: Home H-wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), page 117-118.

Decision rationale: This is a 51-year-old female who presents with right lumbar region radiating into the right buttock and posterior right leg. The patient has burning numb pain in the bottom of her right foot. This pain is rated 9/10 in intensity without medication and 7/10 with medication. The patient is prescribed naproxen, Flexeril and omeprazole. The current request is for a home H-wave device. The MTUS Guidelines state that a home H-wave device 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." According to the treating physician's report dated 2/13/14 the patient has "had TENS therapy in the past when she had physical therapy without much improvement." No physical therapy progress notes were provided; therefore, it is unsure how many sessions of TENS Unit therapy were given to exhibit there was a trial. There is evidence to indicate the patient failed conservative care and qualifies for a one-month trial of H-wave. However, the request is for H-wave purchase, which the patient does not meet the criteria. Therefore, the request is not medically necessary.