

Case Number:	CM14-0129200		
Date Assigned:	08/18/2014	Date of Injury:	09/27/2013
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Practice and is licensed to practice in Ohio. 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 has a date of injury of September 27, 2013. Evidently he sustained an injury to his lower back causing a bilateral radiculopathy. On February 6, 2014 he underwent an L5-S1 discectomy and an L4-L5 laminotomy with medial facetectomy and discectomy. Despite the surgery, the injured worker has had ongoing severe sciatica symptoms with pain in the right buttocks radiating into the thigh and to the ankle. He has been maintained on high-dose Norco and Robaxin, Lyrica, Mobic, and others. He wears a lumbar brace. He is currently temporarily and totally disabled. The injured worker has had physical therapy, a trial of TENS in April 2014, at a home trial with an H-wave device. The documentation pertaining to the H-wave device is located within the medical record. The documentation supports a 30% decrease in pain and an increase in range of motion. The injured worker made use of this device concurrently while involved in a functional restoration program. It appears that the treating physician and the patient are working diligently to reduce the dependence on medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device for purchase/indefinite: Overturned

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, page(s) 117-118 Page(s): 117-118.

Decision rationale: 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 and medications plus transcutaneous electrical nerve stimulation. A recent study suggested that H wave therapy was effective for chronic soft tissue injury or neuropathic pain in the upper or lower extremities or the spine after having been unresponsive to conventional therapy including physical therapy, medications, and TENS. A one month trial of H-wave home therapy is suggested to study the effects and benefits of such modality with good documentation of frequency of use, duration of use, functional improvement, and pain reduction. In this case, the injured worker has clearly failed all conservative modalities and has shown rather clear benefit from his trial of home-based H-wave therapy. Therefore, home H wave device purchase/indefinite rental is medically necessary.