

Case Number:	CM14-0129579		
Date Assigned:	08/20/2014	Date of Injury:	07/07/2001
Decision Date:	09/25/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 53 year old female who reported an injury on 07/07/2001; the mechanism of injury was not provided. Diagnoses included chronic pain disorder, depression and anxiety. Past treatments included epidural steroid injections, modified cognitive behavioral therapy, TENS and H-Wave units, physical therapy and medications. Past diagnostics included an MRI on 09/18/2012 which indicated L3-4 and L4-5 disc bulge with mild neuroforaminal narrowing and facet arthropathy. Surgical history included bilateral carpal tunnel release. The clinical note dated 07/21/2014 indicated the injured worker complained of low back pain, not quantified. The general physical exam revealed negative findings. Medications included cyclobenzaprine 5 mg, hydrocodone 7.5/325 mg, Adderall 20 mg, alprazolam 1 mg, lorazepam 0.5 mg, trazodone, wellbutrin, and Cymbalta. The treatment plan included the purchase of a home H-wave unit for the low back. The rationale for treatment was to reduce and/or eliminate pain, improve functional capacity and activities of daily living, reduce or prevent the need for oral medication, improve circulation and decrease congestion in the injured region, decrease or prevent muscle spasm and atrophy, and to provide a self-management tool to the patient. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device-purchase-low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: The injured worker reported that she was having low back pain that was helped by the H-Wave unit. The California MTUS Guidelines state that 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. The guidelines recommend the use of H-wave after failure of initially recommended conservative care, including physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The documentation indicates the injured worker used an h-wave device for 14 days; however, the guidelines recommend completion of a one month trial prior to purchase of the unit with documented functional improvement and decreased medication usage. There is a lack of documentation to support the injured worker was performing a program of evidence-based functional restoration. In addition, the injured worker's improvement with the use of the H-Wave unit was not quantified. Therefore the request for home H-Wave device purchase for the low back is not medically necessary.