

Case Number:	CM14-0158325		
Date Assigned:	10/01/2014	Date of Injury:	10/23/2013
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 Preventive 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:

According to the records made available for review, this is a 52-year-old male with a 10/23/13 date of injury. At the time (8/28/14) of request for authorization for H-Wave, there is documentation of subjective (pain in the lower back with radiation of pain into the left lower extremity, pain about the ankle and left elbow) and objective (lumbar spine spasm, point tenderness, positive straight leg raise, and pain with motion, ankle swelling and tenderness, and elbow point tenderness about the triceps tendon and olecranon bursa) findings, current diagnoses (lumbar spine 4 mm disc protrusion at L4-5, with left sided L5 radiculopathy, left ankle/foot Achilles tendinitis with posttraumatic osteoarthritis, and left elbow/triceps tendonitis with bursitis), and treatment to date (physical therapy, medications, and activity modification). There is no documentation that the H-wave is to be used as an adjunct to a program of evidence-based functional restoration, and additional conservative care, including transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave: Upheld

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 (HWT) Page(s): 117-118.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of lumbar spine 4 mm disc protrusion at L4-5, with left sided L5 radiculopathy, left ankle/foot Achilles tendinitis with posttraumatic osteoarthritis, and left elbow/triceps tendonitis with bursitis. In addition, there is documentation of chronic soft tissue inflammation and conservative care, including recommended physical therapy (i.e., exercise) and medications. However, there is no documentation that the H-wave is to be used as an adjunct to a program of evidence-based functional restoration, and additional conservative care, including transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for H-Wave is not medically necessary.