

Case Number:	CM14-0158768		
Date Assigned:	10/02/2014	Date of Injury:	09/20/1995
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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 61-year-old male with a 9/20/95 date of injury, and status post right TKR, status post 2 lumbar spine surgeries 198, and cervical spine surgery 06. At the time (9/11/14) of request for authorization for 1 home H-Wave device, there is documentation of subjective (low back pain that radiates down into both legs with associated numbness and tingling) and objective (lumbar spine range of motion moderately limited, decreased sensation in the L4, L5 and S1 dermatomes, and positive straight leg raise) findings, current diagnoses (degeneration lumbar intervertebral disc, muscle spasm, and chronic pain), and treatment to date (epidural steroid injection, medications, and physical therapy). 8/6/14 H-wave patient compliance and outcome report identifies 21 days of use, 30% pain improvement, and that H-wave was used 2 times per day for 30-45 minutes. There is no documentation that the H-wave is to be used as an adjunct to a program of evidence-based functional restoration and failure of 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:

1 home H-Wave device: 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: 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 degeneration lumbar intervertebral disc, muscle spasm, and chronic pain. In addition, there is documentation of chronic soft tissue inflammation and failure of initially recommended conservative care, including recommended physical therapy 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 failure of additional conservative care, including transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for 1 home H-Wave device is not medically necessary.