

Case Number:	CM14-0159315		
Date Assigned:	10/02/2014	Date of Injury:	06/26/2008
Decision Date:	10/29/2014	UR Denial Date:	09/22/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 48-year-old male with a work injury dated 06/26/2008. The diagnoses include degenerative disc disease; lumbosacral radiculopathy; and post laminectomy syndrome. Under consideration is a request for an H-wave. Per documentation the patient underwent a L5-S1 microdiscectomy on 10/17/13. On 10/23/13, he was admitted to the hospital for a post op wound infection. He was discharged on 10/25/13 with skilled nursing care for antibiotic therapy and PICC care. The patient had extensive post op physical therapy. He was given a trial of H-wave use on 4/5-6/24/14. He was also given lumbar injections. Per a 7/24/14 document the patient continues to complain of pain which radiates into left buttock, in the left leg stopping at the knee and bilateral feet. He reports chronic numbness in bilateral feet. The patient also reports paresthesia down the back of the left thigh and in bilateral toes. Pain is alleviated with lying flat on his back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118 of 127.

Decision rationale: Purchase of an H-wave is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the H-wave 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 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). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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. The documentation does not reveal evidence in the physician's progress notes that an appropriate TENS trial has failed. The documentation does not indicate that a trial of H-wave has led to a significant improvement in function. The request for purchase of H-wave is not medically necessary.