

Case Number:	CM14-0161883		
Date Assigned:	10/07/2014	Date of Injury:	11/19/2012
Decision Date:	11/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 is a 59-year-old female with a date of injury of November 19, 2012. She complains of low back pain radiating down the left lower extremity. She was diagnosed with herniated lumbar discs at multiple levels and on May 1, 2014 had unspecified back surgery. Her physical exam reveals tenderness to palpation of the left lower lumbar region, decreased sensation to the dorsal, medial, and lateral aspect of the left foot, and a normal examination of the lower extremity strength and reflexes. She has had 10 post-operative physical therapy visits, has used a TENS unit, and has been taking naproxen and Flexeril. She had a 20 day trial with an H-wave unit and reported improvements in functionality and diminished pain as a result, although she was unable to reduce her medication usage. Her diagnosis is herniated lumbar discs at L3-L4, L4-L5, and L5-S1 with radiculopathy.

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): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-118.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Restoration Programs.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, H-wave stimulation 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 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. In this instance, there seems to have been a functional benefit with the use of the H-wave stimulator. The trial period did not however appear to incorporate a functional restoration program. The Official Disability Guidelines (ODG) and Chronic Pain Medical Treatment Guidelines do make provisions for a one month trial period for an H-wave device and even imply allowances for extended trials of an H-wave device. They do not make provisions for the purchase of such a device. Rental is preferred over purchase during the trial period. Therefore, purchase of the H-wave device is not necessary under the referenced guidelines.