

Case Number:	CM14-0169765		
Date Assigned:	10/20/2014	Date of Injury:	08/28/2013
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 35-year-old male with an 8/28/13 date of injury. At the time (9/23/14) of the Decision for purchase of home H-wave device, there is documentation of subjective (ongoing pain, swelling, and muscle spasms of the lumbar spine, loss of function and mobility) and objective (decreased and painful lumbar spine range of motion, hypoesthesia in the L4-5 and L5-S1 dermatomes, pain and tenderness over L3-S1, spasms over L4-S1) findings, current diagnoses (chronic lumbar L4-5 disc protrusion and lumbar sprain), and treatment to date (medications, activity modification, physical therapy, chiropractic, TENS and 30 day trial of H-Wave). Medical records identifies that per 8/13/14 patient compliance report the patient used the H-wave for the low back, and that the H-wave allowed the patient to walk further, do more housework, sit longer, sleep better, and had 50% decreased in pain levels, 50% improvement and significant functional improvement and increased mobility. There is no documentation of chronic soft tissue inflammation and how often the unit was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 chronic lumbar L4-5 disc protrusion and lumbar sprain. In addition, there is documentation that the H-wave was used as an adjunct to a program of evidence-based functional restoration, and following failure of initially recommended conservative care, including recommended physical therapy, medications, and TENS. Furthermore, there is documentation of a one month trial and outcomes in terms of pain relief and function. However, there is no documentation of chronic soft tissue inflammation in addition; there is no documentation of how often the unit was used. Therefore, based on guidelines and a review of the evidence, the request for purchase of home H-wave device is not medically necessary.