

Case Number:	CM14-0182121		
Date Assigned:	11/07/2014	Date of Injury:	09/11/2006
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 52 year old patient with date of injury of 09/11/2006. Medical records indicate the patient is undergoing treatment for lumbosacral disc degeneration, lumbar radiculopathy, lumbar disc displacement, lumbosacral strain, organic affective syndrome. Subjective complaints include lumbar pain that has been increasing, poor sleep quality and right sided axial low back pain. Objective findings include lumbar tenderness, hypertonicity, spasm and positive lumbar facet loading on the right side, decreased lumbar range of motion: flexion 30, extension 10, right lateral bending 10, left lateral bending 10, lateral rotation to the left 20, lateral rotation to the right 20; Straight leg raising test is negative; ankle jerk is 0/4 on the right and 2/4 on the left and tenderness over the posterior iliac spine on the right. Treatment has consisted of Cymbalta, Zanaflex, Ambien, Lidoderm Patch, Kadian, Percocet, Prilosec, Salonpas Large Patch, H-Wave and home exercise program. The utilization review determination was rendered on 10/27/2014 recommending non-certification of Purchase of H-wave to be re-parted and 3 months' worth of supplies (electrodes and gel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave to be re-parted and 3 months worth of supplies (electrodes and gel):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) 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 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Guidelines require documented trials of TENS unit with documented failure of the unit. The treating physician has documented that the patient has improved sleep with the use of H-wave, however does not document contraindications to a standard TENS unit, which is recommended as a first line treatment. Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing physical treatment modalities. As such, the request for Purchase of H-wave to be re-parted and 3 months' worth of supplies (electrodes and gel) is not medically necessary.