

Case Number:	CM14-0021468		
Date Assigned:	05/07/2014	Date of Injury:	08/25/2011
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Management, 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:

The patient is a 54-year-old with an injury date of August 25, 2011. Based on the January 16, 2014 progress report provided by [REDACTED], the patient complains of low back pain which radiates down the right side, right buttocks, and right leg. She also experiences numbness into the right leg and the right foot, predominantly at the great toe. She has tenderness and myospasm in the right lower lumbar paravertebral musculature and a positive straight leg raise on the right. The patient's diagnoses include lumbago, right leg sciatica, right knee pain, status post right knee lateral meniscectomy, right knee arthritis. [REDACTED] is requesting for a home H-wave device one month use evaluation one to two times daily for thirty to sixty minutes each session. The utilization review determination being challenged is dated February 5, 2014. The rationale is that there is no clear evidence of failure of conservative management. It is also unclear what body part the patient will be using the H-wave for. [REDACTED] is the requesting provider, and he provided treatment reports from January 18, 2013 t May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE ONE MONTH USE EVALUATION 1-2 TIMES DAILY FOR 30-60 MINUTES EACH SESSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: According to the January 16, 2014 report by [REDACTED], the patient presents with low back pain which radiates down the right side, right buttocks, and right leg. The request is for home H-wave device one month use evaluation one to two times daily for thirty to sixty minutes each session. The Chronic Pain Medical Treatment Guidelines support a one-month home-based trial of H-Wave treatment 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 (TENS). It appears that the patient has already tried physical therapy, medications, and clinical/home trial of TENS; however, there is no record as to how these impacted the patient. It is unknown how many times the patient used the TENS unit, nor for how long. The January 21, 2014 report by [REDACTED] mentions that the patient has used the TENS unit in physical therapy several times beginning in December 2013. The Chronic Pain Medical Treatment Guidelines does not allow H-wave trial unless the patient fails TENS unit, and concurrent use of both of these units are not recommended. Since there is no indication that the patient has failed the TENS unit, we are forced to assume that the patient still uses the TENS and is benefitting from it. The request for home h-wave device one month use evaluation one to two times daily for thirty to sixty minutes per session is not medically necessary or appropriate.