

Case Number:	CM14-0026960		
Date Assigned:	06/13/2014	Date of Injury:	08/16/2010
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation 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:

This 45-year-old patient sustained a low back injury on 8/16/10 from lifting while employed by [REDACTED]. The request under consideration includes an H-Wave Unit. The diagnoses include lumbar degenerative disc disease/spondylosis. Conservative care has included physical therapy, chiropractic care, medications, and light duty. The report dated 11/19/13 from the provider noted patient with lumbar pain with sciatica, spasms, and trigger points. Checked boxes included impaired range (decreased 50% without specific planes or degrees identified); and impaired activities of daily living. The diagnoses were lumbar degenerative joint and disc disease, spinal stenosis, hypertension, and sciatica. The plan includes physical therapy and trial of transcutaneous electrical nerve stimulation (TENS) while patient remained off work. The provider's report of 11/25/13 for 30 minute TENS trial noted "no decrease in pain after using TENS." H-wave evaluation noted back pain rated at 4/10 reduced to 1/10 post H-wave 30 minutes trial. The letter from patient dated 2/28/14 noted use of H-wave unit for the knee and back has decreased pain by 10-15%. The request for the H-Wave Unit was non-certified on 2/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 114-116, 117-118.

Decision rationale: The MTUS guidelines recommend a one-month H-wave therapy (HWT) rental trial to 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; however, purchase request resulted from 30 minute in-office trial. The submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement in specific activities of daily living (ADLs) demonstrated to support for the purchase of this unit. Multiple abstract publications for H-wave device were provided. The submitted reports are without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of 2010. There is no documented failed trial of transcutaneous electrical nerve stimulation (TENS) unit except for one 30 minutes attempt in office or any indication the patient is participating in an active home exercise program for adjunctive exercise towards a functional restoration approach. The patient's work status has remained unchanged. As such, the request for H-Wave Unit is not medically necessary and appropriate.