MAXIMUS Federal Services

Case Number:	CM14-0033750		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2010
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 Texas and Oklahoma. 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 42-year-old male with a reported injury on 11/04/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/18/2014 reported that the injured worker complained of back pain. The physical examination was not provided with the clinical notes. The injured worker's prescribed medication list included oxycodone, hydrocodone, and Ambien. The injured worker's diagnoses included left peroneal neuropathy with decompression in 07/15/2013; disc protrusion at L3-4, L4-5, and L5-S1; radiculopathy to left lower extremity; musculoligamentous injury to the left sacroiliac; status post lumbar decompression in 07/05/2013; lumbar instability; and status post lumbar fusion on 12/12/2012. The provider requested H-wave unit for 3 months, the rationale was not provided within the clinical notes. The request for authorization was submitted on 03/17/2014. The injured worker's prior treatments included physical therapy, psychology sessions for cognitive behavioral therapy, continued use of H-wave unit, and physical therapy modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT FOR 3 MONTHS: Upheld

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

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

Decision rationale: The request for the H-wave unit for 3 months is not medically necessary. The injured worker complained of back pain. The treating physician's rationale for the H-wave unit was not provided within the clinical notes. The CA MTUS guidelines do not recommend the H-wave stimulation (HWT) 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). There is a lack of clinical information indicating that the injured worker's pain was unresolved with physical therapy, home exercises, and/or NSAIDS. The guidelines recommend a 1 month trial of the H-wave stimulation device as a noninvasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation; however, there is a lack of clinical information indicating the injured worker has diabetic neuropathy pain or soft tissue inflammation. Moreover, the requesting provider did not specify the location of application of the H-wave unit being requested. In addition, the request for a 3 month utilization of the H-wave unit exceeds the guidelines recommended 1 month home based trial. As such, the request is not medically necessary.