

Case Number:	CM14-0036640		
Date Assigned:	06/25/2014	Date of Injury:	12/02/1987
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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 Minnesota. 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 70-year-old male who reported date of injury on 12/02/1987. The injury reportedly occurred when the injured worker was lifting a set of plywood risers weighing approximately 90 pounds and as he pulled he felt a sharp pain in the lower back radiating into his legs. His previous treatments were noted to include lumbar surgeries, knee replacement, and placement of dorsal column stimulator implant, TENS unit, physical therapy, electrical stimulation, chiropractic modalities, and medications. The progress report dated 01/06/2014 reported the injured worker complained of severe back pain that radiated into both legs and had been associated with weakness numbness sensation in both legs. The weakness in the left leg became more obvious and compromised the injured worker's ability to walk long distances. The intensity of the pain varied from 4/10 to 9/10 and increased in the evening. The injured worker's back pain increased with any type of activity and was only partially relieved by taking medications. The physical examination reported motor strength to the bilateral dorsiflexors, plantiflexors, and hamstring muscles rated 4/5 as well as sensory loss to light touch, pinprick, and 2 point discrimination in both feet. The injured worker was reported to have no deep tendon reflexes. There were severe muscle spasms in the lumbosacral musculature. Extension and lateral rotation of the lumbosacral spine increased the injured worker's back pain. The provider reported the condition described with severe back pain with radiation into the legs had responded on an intermittent basis with using the H-wave unit; however, he felt weakness and numbness sensation in both legs, especially the burning pain in both feet, had not improved and would not improve with the H-wave. The Request for Authorization form dated 02/19/2014 is for a home H-wave device, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H wave device for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The request for home H-wave device for the low back is non-certified. The injured worker has performed a previous 113 day trial of the H-wave device with decreased pain medication and ability to walk 2 miles. The California Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation 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. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or H-wave therapy frequencies. A recent low quality meta-analysis concluded that the findings indicate a moderate to strong effect of the H-Wave device in providing pain relief, reducing the requirement for pain medication and increasing functionality, with the most robust effect observed for improved functionality, suggesting that the H-Wave device may facilitate a quicker return to work and other related daily activities. The low quality rating for this "meta-analysis" is primarily because the numbers were dominated by results from studies that were not prospective randomized controlled trials, but instead were retrospective observational studies using a patient survey, the H-Wave Customer Service Questionnaire, without a prospective control group. The injured worker has performed a 113 day trial with the H-wave with positive results. However, there is a lack of documentation regarding the H-wave to be used in adjunct with a therapeutic exercise program of evidence-based functional restoration. Therefore, the request is non-certified.