

Case Number:	CM14-0037817		
Date Assigned:	06/25/2014	Date of Injury:	04/30/2012
Decision Date:	07/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 46-year-old male with a 4/30/12 date of injury and status post left L5-S1 laminotomy and discectomy on 11/15/12. At the time (3/13/14) of request for authorization for Home H-Wave device (purchase), there is documentation of subjective (chronic low back pain with impaired activities of daily living) and objective (decreased lumbar range of motion, tightness in the lumbar paraspinal musculature, and positive straight leg raise on the left) findings, current diagnoses (lumbago and lumbar herniated nucleus pulposus), and treatment to date (completion of trial of 37 days of H-wave therapy (2 times per day for 30-40 minutes) with 50% decrease in pain levels and increase in activities of daily living; medications, physical therapy, and lumbar surgery). In addition, medical report plan identifies purchase of H-wave device to use two times per day at 30-60 minutes per treatment PRN. There is no documentation of chronic soft tissue inflammation, failure of initially recommended conservative care (transcutaneous electrical nerve stimulation (TENS)), and that the H-wave will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device (purchase): Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbar herniated nucleus pulposus. In addition, there is documentation of completion of a trial of 37 days of H-wave therapy; and failure of initially recommended conservative care, including recommended physical therapy and medications. Furthermore, given documentation of use of the H-wave 2 times per day for 30-40 minutes with 50% decrease in pain levels and increase in activities of daily living, there is documentation of the effects and benefits of the one month trial as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, despite documentation of chronic pain, there is no documentation of chronic soft tissue inflammation. In addition, there is no documentation of failure of initially recommended additional conservative care (transcutaneous electrical nerve stimulation (TENS)) and that the H-wave will be used as an adjunct to a program of evidence-based functional restoration. Furthermore, despite documentation of a plan identifying purchase of H-wave device to use two times per day at 30-60 minutes per treatment PRN, there is no documentation of a rationale identifying the medical necessity of the requested Home H-Wave device (purchase). Therefore, based on guidelines and a review of the evidence, the request for Home H-Wave device (purchase) is not medically necessary.