

Case Number:	CM14-0040382		
Date Assigned:	06/27/2014	Date of Injury:	04/16/2012
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 57-year-old female who reported an injury on 05/16/2012. The mechanism of injury was not provided in the medical records submitted for review. The injured worker's diagnoses included L4-5 lateral recess stenosis, bilateral lumbar radiculopathy and status post bilateral L4-5 laminectomies on 10/18/2013. Previous treatments included postoperative physical therapy and use of an H-wave unit. Diagnostic studies were not provided in the medical records submitted for review. Surgical history included bilateral L4-5 laminectomies on 10/18/2013. It was documented on the clinical note dated 03/12/2014; the injured worker complained of pain and impaired activities of daily living (ADL). The documentation did note that the injured worker used an H-wave unit and indicated it had been useful in helping with her pain. Additionally, the injured worker reported greater overall function and the ability to perform more activity due to the use of the H-wave device. The injured worker reported a decrease in the need for oral medication due to the use of the H-wave device. The injured worker's medications included Tramadol HCL 50 mg, Prilosec DR 20 mg, Atenolol 50 mg, and Phenobarbital 15 mg. The provider requested an H-wave device purchase for the lumbar spine. The rationale for the requested treatment was to reduce and/or eliminate pain, reduce or prevent the need for oral medications, improve functional capacity and activities of daily living, improve circulation, decrease congestion in the injured region, decrease or prevent muscle spasm and muscle atrophy, and provide a self-management tool to the injured worker. The Request for Authorization Form dated 03/12/2014 was provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase for the lumbar spine: Upheld

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

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

Decision rationale: The request for H-wave device purchase for the lumbar spine is not medically necessary. The injured worker has a history of chronic pain and was noted to have obtained relief with the use of the H-wave device. The California MTUS Guidelines do not recommend H-wave device as an isolated intervention, but a 1 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). The Guidelines further state that rental would be preferred over purchase during this trial and trial periods of more than 1 month should be justified by documentation submitted for review. The documentation provided noted the injured worker has participated in postoperative physical therapy. There is a lack of documentation to indicate any current significant functional deficits. The documentation provided noted the injured worker has used an H-wave device previously; however, there is a lack of documentation to indicate the length of time and how often the device was used and whether an in-home trial was completed. There is also a lack of documentation to indicate the use of a transcutaneous electrical nerve stimulation (TENS) unit and previous conservative care measures with failure to improve the injured worker's condition. Overall, there is a lack of documentation to indicate failure of conservative care and length of the trial use of the H-wave device to warrant purchase of the unit. As such, the request for H-wave device purchase for the lumbar spine is not medically necessary.