

Case Number:	CM14-0048220		
Date Assigned:	07/02/2014	Date of Injury:	04/23/2013
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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:

The patient is a 42-year-old male who has submitted a claim for lumbago and neuralgia neuritis and radiculitis unspecified associated with an industrial injury date of 04/23/2013. Medical records from 10/31/2013 to 05/02/2014 were reviewed and showed that patient complained of low back pain graded 5-7/10 and leg pain graded 5-7/10. Sitting intermittently relieved the pain. Physical examination findings of the lower back and lower extremities were not made available. MRI of the lumbar spine dated 07/09/2013 revealed L4-5 spinal stenosis and L5-S1 left posterior central bulge compressing the left S1 nerve root. Treatment to date has included physical therapy, TENS, H-wave, acupuncture and pain medications. Utilization review dated 04/11/2014 denied the request for home H-wave device purchase because H-wave stimulation is not recommended for acute, subacute, or chronic LBP or radicular pain syndromes.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home H-Wave Device Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation, pages 117-120 Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has completed 6 visits (12/04/2013) of physical and TENS therapy with noted subjective failure (11/20/2013). However, there was no documentation of frequency and functional outcome of TENS treatment. The patient used H-wave therapy from 12/04/2013 through 12/19/2013 which reduced symptoms by 10%. However, there was no documentation of the frequency of H-wave use, which is prerequisite for continuation of H-wave stimulation treatment. The request likewise failed to specify the body part to be treated. Therefore, the request for DME: Home H-Wave device purchase is not medically necessary.