

Case Number:	CM14-0055750		
Date Assigned:	07/09/2014	Date of Injury:	12/31/2012
Decision Date:	10/30/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 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:

This is a patient with a date of injury of December 31, 2012. A utilization review determination dated April 4, 2014 recommends noncertification for the purchase of an H-wave device. Noncertification was recommended due to a lack of documentation of objective functional improvement as a result of the use of this device. A progress report dated January 8, 2014 has boxes checked indicating pain, impaired range of motion, and impaired activities of daily living. The diagnosis is low back pain with a lumbar disc protrusion. A 30 day evaluation trial of an H-wave device is recommended. The note states that the patient has previously tried physical therapy and a home trial of tens. The note states that the patient failed a tens unit trial and refers to a progress report dated December 27, 2013. A progress report dated December 27, 2013 identifies subjective complaints of low back pain which occasionally radiates down the right leg. The patient has been getting stretching treatments from a physical therapist which is now doing more massage and stretching. She continues to work full duty. She states that she had a bad reaction to corticosteroids in the past and is not interested in an epidural steroid injection. Objective examination findings reveal periodic decrease of strength on toe walking on the left. Diagnosis is chronic low back pain with lumbar disc protrusion. The treatment plan states that tens units have not worked in the past and the patient does not tolerate medications well. Therefore, an H-wave device will be ordered. A note dated January 30, 2014 indicates that after 2 weeks of home use, the H-wave device reduced her pain 20 to 30% and allows her to lift more and recover from a long shift better. An H-wave outcome report indicates that the patient underwent 30 days of H-wave use which has decreased the amount of medication the patient uses and allowed her to lift more. Her pain has been reduced by 30%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of the Home H-Wave Device Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended 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. Within the documentation there is no indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, it is unclear what adjunctive program of evidence-based functional restoration is being used alongside the H-wave device, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested H wave device is not medically necessary.