

Case Number:	CM14-0188221		
Date Assigned:	11/18/2014	Date of Injury:	04/01/2014
Decision Date:	01/07/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 52-year-old female with a date of injury of April 1, 2014. She developed low back pain radiating to the left lower extremity after lifting a heavy coin box. She was treated initially with medications and physical therapy. An MRI scan of the lumbar spine revealed bilateral spondylolisthesis at L5-S1 and evidence of bilateral neural foraminal narrowing at L5. The diagnoses include bilateral spondylolisthesis, left leg radiculopathy, lumbar strain. The injured worker was provided a TENS unit which was ineffective. She was also given a trial with an H wave stimulator and reported that she was sometimes able to take less medication and was able to sit longer and walked further as a result. The physical exam has revealed tenderness to palpation of the lumbar paraspinal muscles with diminished lumbar range of motion and diminished sensation on the left in the region of the S1 and L5 dermatomes. She has participated in a home exercise program in the past but the record does not reflect home exercise participation since July 25, 2014.

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 purchase: 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 Page(s): 117-118.

Decision rationale: 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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. In this instance, there is no evidence that the H wave stimulator was used in conjunction with a program of evidence-based functional restoration. It does not appear that physical therapy was occurring simultaneously or even that the injured worker was continuing a home exercise program. Objective functional benefits were not demonstrated such as improved range of motion or return to work. Consequently, purchase of a home H wave device is not medically necessary according to the referenced guidelines.