

Case Number:	CM14-0191827		
Date Assigned:	11/25/2014	Date of Injury:	05/19/2013
Decision Date:	01/12/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 injured worker (IW) is a 48-year-old woman with a date of injury of May 19, 2013. The mechanism of injury was listed as a lifting injury. The current diagnosis is lumbar sprain. The IW has undergone a lumbar epidural injection at L3-L4, and physical therapy, which has dramatically improved her symptoms. According to the UR, the IW has had 24 sessions of physical therapy authorized. Pursuant to the clinical note dated September 2, 2014, the IW presented for re-evaluation and was complaining of pain in the lower back radiating into the right lower extremity. Physical examination revealed decreased range of motion (ROM) of the lumbar spine with motor strength in the bilateral lower extremities rated 5/5 and deep tendon reflexes rated 2+. The sensory examination noted a decreased sensation present at the lateral aspect of the right foot. Leagues test is positive on the right. The IW previously used an H-Wave unit during physical therapy sessions that gave her the ability to sleep better and helped control the pain. The IW is taking Celebrex for pain. The provider is requesting authorization for Home H-Wave Device for the lumbar spine for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Lumbar Spine for Purchase: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Home H wave device lumbar spine is not medically necessary. The guidelines indicate H wave stimulation (devices) are 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 neuropathic pain, if used as an adjunct to a program of evidence-based functional restoration. Patient selection criteria are enumerated in the pain section of the Official Disability Guidelines. The patient selection criteria should be documented in the medical record by the medical care provider in order for the H wave stimulation to be determined medically necessary. In this case, the injured worker was 48 years old with a date of injury May 19, 2013. The working diagnosis is lumbar sprain. The medical records do not demonstrate a failure of a TENS unit. There is no objective documentation of functional improvement with the H wave that was used in physical therapy. Additionally, the treating physician's request is for home H wave device purchase. The guidelines recommend a one-month home-based trial of each wave stimulation. Consequently, home H wave device lumbar spine is not medically necessary.