

Case Number:	CM14-0203343		
Date Assigned:	12/18/2014	Date of Injury:	10/02/2013
Decision Date:	01/31/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice 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:

This 37 year old male reportedly sustained a work related injury on October 2, 2013. Diagnoses include lumbar disc protrusion, degenerative lumbar disc bulge and persistent low back pain. Prior treatment includes physical therapy, epidural steroid injection, oral medication and use of Transcutaneous Electrical Nerve Stimulation (TENS) unit. Pain management visit dated September 3, 2014 provides the injured worker continues to experience low back pain and is unable to sit for more than 30 minutes at a time. He does an independent exercise program 3-4 days a week and an independent swimming program. Physical exam reveals lumbar flexion of 40 degrees with extension of 15 degrees. The injured worker is eligible for modified duty. Primary treating physician report dated October 13, 2014 provides the injured worker experienced a 60% to 100% reduction in pain to as low as 3/10 and increased function demonstrated by ability to sit for longer duration due to trial use of H wave home therapy twice daily for 45 minutes seven days a week. On November 3, 2014 utilization review determined a request dated October 13, 2014 for home H-wave device, low back to be non-certified. Medical Treatment Utilization Schedule (MTUS) chronic pain treatment guidelines were cited in the decision. Application for independent medical review (IMR) is dated December 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Home H-wave device, low back per RFA dated 10/13/14: Overturned

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

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

Decision rationale: 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Regarding tissue repair, another study suggests that low-frequency HWT may produce direct localized effects on cutaneous blood flow, a finding relevant for clinicians working in the field of tissue repair. 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. While physiatrists, chiropractors, or podiatrists may perform H-wave stimulation, H-wave devices are also available for home use. H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. H -wave stimulation has also been used to accelerate healing of wounds, such as diabetic ulcers. H-wave electrical stimulation must be distinguished from the H-waves that are a component of electromyography. In this instance, the criteria necessary for a one month H-wave trial were satisfied. The injured worker failed medication, physical therapy, TENS use, exercise, etc. The unit was used for one month with a very successful outcome. The injured worker continues with an independent functional restoration program and very clear goals have been established for the use of the H-wave unit. Therefore, purchase of Home H-wave device, low back per RFA dated 10/13/14, is supported by the guidelines and hence is medically necessary.