

Case Number:	CM15-0002596		
Date Assigned:	01/13/2015	Date of Injury:	07/17/2006
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 38 year old male who sustained an industrial related injury to his lower back while lifting a barrel of grain on July 17, 2006. He was diagnosed with lumbar radiculopathy. According to the pain management progress report, the patient had a repeat injury to his lower back when he slipped on March 17, 2013. No surgical intervention was done. According to the physician progress report on October 15, 2014 a magnetic resonance imaging (MRI) (no date documented) demonstrated lumbar discogenic disease at L5-S1 with spondylolisthesis and disk narrowing at L3-L4 and L4-L5 with bulging disk and no foraminal stenosis. Current medications are noted as OxyContin, Naprosyn, and Melatonin. A urine toxicology report on September 10, 2014 was documented as inconsistent with the prescribed medications. Treatment modalities consist of lumbar epidural steroid injections (ESI) with temporary benefit only, pool therapy, physical therapy and medication. The patient continues to experience chronic low back pain radiating to the bilateral lower extremities. The treating physician requested authorization for 1 home H-wave device. On December 18, 2014 the Utilization Review denied certification for 1 home H-wave device. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines regarding H-Wave Stimulation (HWT).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home H-wave device: 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 H-Wave Stimulation Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was suffering from lumbar degenerative disk disease involving L3-L5 with spondylolisthesis. There was no discussion suggesting the worker had diabetic neuropathy or symptoms related to chronic inflammation or had failed the above treatments. Further, there was no suggestion the worker was using this treatment along with an evidence-based functional restoration program. In the absence of such evidence, the current request for a home H-wave device is not medically necessary.