

Case Number:	CM15-0107547		
Date Assigned:	06/12/2015	Date of Injury:	08/04/2010
Decision Date:	07/13/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on August 4, 2010, incurring right leg, lower back and right knee injuries after a slip and fall on ice in a freezer. She was diagnosed with lumbosacral sprain, lumbosacral degenerative disc disease, lumbar facet arthropathy, sciatica and a right knee strain. Treatment included physical therapy, home exercise program, transcutaneous electrical stimulation unit, pain medications, acupuncture, anti-inflammatory drugs, muscle relaxant, massage therapy, and work restrictions. In 2011, a lumbar spine Magnetic Resonance Imaging revealed disc bulging. A cervical Magnetic Resonance Imaging revealed degenerative disc disease with cervical stenosis. Currently, the injured worker complained of worsening lower back pain with radiation to the right buttocks and right thigh which was exacerbated with repetitive bending, stooping and reaching. The treatment plan that was requested for authorization included H-wave homecare system for indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave homecare system for indefinite use Qty 1: 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 8 C.C.R. 9792.20 ?9792.26 MTUS Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: This claimant was injured in 2003 due to cumulative trauma. There are multiple strains. There has been medicines, aqua therapy, and TENS which were unsuccessful. An H-wave trial with objective improvement is not noted. There is no documentation of the use being as part of an objective functional restoration program. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.-
Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) - Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) - Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used:- as an adjunct to a program of evidence-based functional restoration- only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave indefinite usage. The request was appropriately non-certified under MTUS criteria. Therefore, the requested treatment is not medically necessary.