

Case Number:	CM15-0107879		
Date Assigned:	06/12/2015	Date of Injury:	05/23/2006
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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, California
 Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on May 23, 2006. He reported low back pain. The injured worker was diagnosed as having lumbago and chronic low back pain with sciatica. Treatment to date has included diagnostic studies, lumbar epidural injections, medications and work restrictions. Currently, the injured worker complains of continued severe low back pain radiating to bilateral lower extremities. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain. Acupuncture and physical therapy were recommended. Evaluation on April 14, 2015, revealed continued severe pain. He was noted to be able to barely stand, walk or breathe secondary to extreme pain. It was noted his condition had changed from previous visits. He reported excellent relief and functional gain with previous lumbar epidural steroid injections. An H-wave home care system was requested. The patient has used a TENS unit for 10 years. Per note dated 5/12/15 patient had complaints of low back pain and sciatica pain. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR, decreased sensation and reflexes. The current medication list was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Home Care System (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) 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)." Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for H-Wave Home Care System (Purchase) is not medically necessary or fully established for this patient.