

Case Number:	CM15-0107964		
Date Assigned:	06/12/2015	Date of Injury:	04/09/2014
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
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: Ohio, North Carolina, Virginia
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 33-year-old male, who sustained an industrial injury on 4/9/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included trigger point injections; physical therapy; acupuncture; H-wave muscle stimulation unit. Diagnostics included X-rays of the lumbar spine 6 views (9/23/14); MRI lumbar spine (10/16/14). Currently, the PR-2 notes dated 4/13/15 indicated the injured worker complains of low back pain rated at 2-3/10 and currently working. He was initially treated with a trigger point injection with improvement. The provider notes he eventually was referred to his office and has treated him in the past months with physical therapy, acupuncture and the H-wave muscle stimulation unit. The provider notes the use of the H-wave decreases his need to take pain medication and allows him to work at his usual and customary job duties. On physical examination of the lumbar spine and lower extremities, it was observed the injured worker walks with a normal gait and has a normal heel-toe swing-through gait with no evidence of a limp. There is no evidence of weakness walking on the toes or the heels. On palpation there is tenderness of the paravertebral muscles with guarding bilaterally. The dorsalis pedis, posterior tibial pulses are present. Sensory pin prick and light touch noted as intact in the bilateral extremities. X-rays (9/23/14) and MRI of the lumbar spine (10/16/14) are reported as normal. The provider is requesting a H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Definition of functional improvement Page(s): 1. Decision based on Non-MTUS Citation
Official Disability Guidelines. Pain chapter. H-wave stimulation.

Decision rationale: Regarding H-wave devices, the Official Disability Guidelines state that while they are not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for H-wave stimulation (HWT) to be determined to be medically necessary: A. HWT may be considered on a trial basis if other noninvasive, conservative modalities for the treatment of chronic pain have failed. While medical providers may perform HWT, H-wave devices are also available for home use. Rental would be preferred over purchase during a home trial. Trial periods of more than one month should be justified by documentation submitted for review. B. Although there are no high quality studies to guide recommendations for use, a one-month home-based trial of HWT may be considered following a documented face-to-face clinical evaluation and physical examination performed by the recommending physician, who should also document the following in the medical record: (1) The reason the physician believes that HWT may lead to functional improvement and/or reduction in pain for the patient; & (2) PT, home exercise and medications have not resulted in functional improvement or reduction in pain; (3) The use of TENS for at least a month has not resulted in functional improvement or reduction in pain. C. The one-month initial trial will permit the physician and PT provider to evaluate any effects and benefits. A follow-up evaluation by the physician should take place to document how often the unit was used and any subjective improvement in pain and function. There should be evidence of less reported pain combined with increased functional improvement or medication reduction. D. If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention should be periodically reassessed and documented. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the injured worker had already been working without restrictions prior to his trial with the H-wave device. He reported pain improvement and the ability to walk further, better low back range of motion while exercising and while at work, and improved sleep as a consequence of the unit. However, the measured ranges of motion of the lumbar spine have not improved since the initiation of the H-wave device. As the injured worker was taking no medicine and had been back to work in an unrestricted capacity prior to the use of the H-wave device, and given the fact that significant functional improvement has not been quantified by the history or physical portions of the physician medical record, an H-wave unit is not medically necessary and appropriate.