MAXIMUS Federal Services

Case Number:	CM15-0109539		
Date Assigned:	06/16/2015	Date of Injury:	11/20/2003
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old male, with a reported date of injury of 11/20/2003. The diagnoses include low back pain, status post L2-S1 anterior/posterior decompression and fusion and status post decompression from L4 to S1. Treatments to date have included lumbar spine surgery, oral medications, a TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, an MRI of the lumbar spine, and a cane. The progress report dated 04/13/2015 indicates that the injured worker complained of low back pain that was worse with prolonged activity. The medications helped to increase his activity level and reduced his pain level. He was able to tolerate more walking. The objective findings include difficulty walking, difficulty changing position and getting onto the examination table, restricted lumbar range of motion that caused painful symptoms, guarding with motion, muscle spasm, and an antalgic gait. The injured worker's status was permanent and stationary. The treating physician requested an indefinite use of an H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device, indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in ADL status or functional improvement demonstrated to support for the purchase of this unit. Multiple abstract publications for H-wave device were provided. The MTUS guidelines recommend a one-month HWT rental trial to 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. The patient has underwent H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic injury of 2003. There is no documented failed trial of TENS unit, PT treatment, nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The H-Wave device, indefinite use is not medically necessary and appropriate.