

Case Number:	CM15-0133742		
Date Assigned:	07/21/2015	Date of Injury:	07/15/1997
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 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 (IW) is a 56-year-old female who sustained a low back industrial injury on 07/15/1997. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. She is status post three-level lumbar spine surgery (05/2002) with residuals, suspicion of lumbar facet syndrome, L5-S1 grade I spondylolisthesis, considerations for left foraminal stenosis at the L5 root, status post radiofrequency Neurotomy left L1, L2, L3, L4 and L5 nerve roots with 80% resolution of spinal pain (05/23/2007). Status post hardware injection with marked clinical benefit, status post radiofrequency neurolysis procedure (10/8/2008). She has had acute exacerbations of chronic lumbosacral pain, multiple neurolysis procedures, facet evaluation, medial branch blocks, acupuncture, a fusion L2-L3 (05/05/2015) and aqua therapy. Currently, the injured worker complains of low back pain and lumbar stiffness, bilateral numbness in the lower extremities, and bilateral radicular pain and weakness. She rates her severity as a 3 on a scale of 0-10. The back pain is described as aching, burning, stabbing, throbbing, spanning, shooting, pulling, with stiffness and pressure. The condition is worsened with any lumbar range of motion movement. Medications (Lidoderm 5% patch and Fetzima) have been beneficial for her pain. She recently (04/14/2015) used an H-Wave machine at home as an adjunct to medication and physical therapy visits for pain relief, and the treatment plan includes a request for its indefinite use. A request for authorization was made for the following: Home h-wave device (indefinite use) Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device (indefinite use) qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 171-172.

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

Decision rationale: The patient presents with low back pain and lumbar stiffness, bilateral numbness in the lower extremities, and bilateral radicular pain and weakness. The current request is for Home H-wave device (indefinite use). The treating physician states, in a report dated 06/12/15, "Purchase of home H-Wave Device and System. Treatment Rx: Two times per day @ 30-60 minutes per treatment PRN." (263B) MTUS Guidelines recommend a trial of H-Wave for the treatment of chronic soft tissue inflammation. MTUS goes on to state, "Trial periods of more than one month should be justified by documentation submitted for review." The treating physician states that the patient has used the device for evaluation purposes from 04/15/15 to 05/18/15. Additionally, the patient reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. The patient states using the device allows her to "walk farther, sleep better." The report also notes the patient has previously tried a TENS Unit, Physical Therapy, medications, acupuncture, and a home exercise program. The patient has not sufficiently improved with conservative care. There is justification to continue the usage of H-Wave based upon MTUS Guidelines. The current request is medically necessary.