

Case Number:	CM15-0134510		
Date Assigned:	07/22/2015	Date of Injury:	02/05/2013
Decision Date:	08/26/2015	UR Denial Date:	06/27/2015
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

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 49 year old male who sustained an industrial injury on 2-5-13. Diagnoses are disc disorder-lumbar, radiculopathy, low back pain, lumbar facet syndrome, and spasm of muscle. In a discharge summary dated 6-12-15, it is noted that the injured worker has successfully completed a functional restoration outpatient program, for a total of 7 weeks. Discharge recommendations are referral back to his treating physician, Tylenol on an as needed basis, home exercise program, return to work with a graduated schedule, and a permanent H-Wave unit with pads for use at home and work. He had trial use of the H-wave and found that it was helpful in decreasing the intensity of pain flares and that it is especially helpful in interrupting muscle spasms that are his most troubling pain. Prior to the H-wave use, muscle spasms would require him to stop activity for several hours. With H-wave use, he has been able to avoid an interruption in activity if he catches the spasm early. For pain flares, the estimated decrease in pain level with use of the H-wave is from 5 out of 10 to 2 out of 10 which allows for sustained activity. The plan is that he will be able to bring the H-wave to work to use if needed to maintain his full-time work schedule. Previous treatment has included medication, physical therapy, acupuncture, chiropractics, yoga, and a functional restoration program. The requested treatment is purchase of an H-Wave unit with pads for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit with pad for lumbar spine purchase: Overturned

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

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

Decision rationale: The patient presents with low back pain radiating down both legs. The request is for H-Wave Unit With Pad For Lumbar Spine Purchase. The request for authorization is dated 06/17/15. MRI of the lumbar spine, 12/05/15, shows L5-S1 moderate disc degeneration with 2 mm bulge, broad central 4 mm disc protrusion and mild left facet arthropathy causing moderate left and mild right foraminal narrowing; L3-4 and L4-5 circumferential 3 mm disc bulges moderately narrowing both neural foramina. Physical examination of the lumbar spine reveals on palpation, paravertebral muscles spasms, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on the right side. Lumbar facet loading is positive on the right side. Tenderness noted over the right quadratus lumborum muscle. Conservative treatments were initiated including six sessions of physical therapy, which provided him with no significant pain relief. He also had acupuncture therapy for one month, which provided him with mild pain relief. He underwent chiropractic treatment for four months, which provided him with mild pain relief. He states that performing exercises provides him with mild pain relief. He states that using a TENS unit provides him with moderate pain relief. Patient's medication include Pennsaid. Per progress report dated 06/17/15, the patient is permanent and stationary. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per discharge summary report dated 06/12/15, treater's reason for the request is "While at [REDACTED], [the patient] has been trialing use of an H-wave unit both at [REDACTED] and at home. Prior to using the H-wave muscle spasms would require him to stop activity for several hours, but with the use of the H-wave he has been able to avoid an interruption in activity if he catches the spasm early and the duration of recovery is significantly shortened. For pain flares the estimated decrease in pain level on VAS with use of the H-wave is from 5/10 to 2/10 which allows for sustained activity." In this case the patient has not sufficiently improved with conservative care including physical therapy, acupuncture, chiropractic and TENS unit. Given the documentation of H-wave's functional benefit, the request appears reasonable and within MTUS guidelines indication. Therefore, the request is medically necessary.