

Case Number:	CM15-0163488		
Date Assigned:	08/31/2015	Date of Injury:	07/11/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial injury on 7-11-14. He has reported initial complaints of a back injury after falling into a trench. The diagnoses have included lumbar spine strain, low back pain, lumbar disc disease, and lumbar radiculopathy. Treatment to date has included medications, diagnostics, transcutaneous electrical nerve stimulation (TENS), physical therapy, acupuncture, and other modalities. Currently, as per the physician progress note dated 1-27-15, the injured worker complains of pain and exhibits impaired activities of daily living (ADL). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medication included Tramadol. The objective findings-physical exam reveals that the injured worker was noted to have utilized home H-wave for evaluation purposes from 1-28-15 to 2-14-15. It was noted that the injured worker has reported a decrease in need for oral medications due to the use of the H-wave unit. He is utilizing the H-wave three times a day, 7 days a week for 30-45 minutes. The physician requested treatment included DME (durable medical equipment) H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave unit Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), p117.

Decision rationale: The claimant sustained a work injury in July 2014 and is being treated for a diagnosis of a lumbar strain/sprain. Treatments referenced include TENS, physical therapy, and medications. The claimant underwent a one month trial of home H-wave use from 01/28/15 to 02/14/15. The claimant is reported to have used the unit three times per day, seven days per week, for up to 30-45 minutes per session. The claimant reported a decreased need for oral medications with use of the H-wave unit. Tramadol has been prescribed since April 2015. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, pain relief and function during the trial are not documented. The records provided do not reflect a decreased use of oral medications. The requested H-wave unit was not medically necessary.