

Case Number:	CM15-0163981		
Date Assigned:	09/01/2015	Date of Injury:	10/19/1984
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
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: 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 is a 56 year old female who sustained an industrial injury on 10-19-1984. He has reported chronic back pain and has been diagnosed with lumbago and bilateral sciatica. Treatment has included medications, surgery, H-wave device, and physical therapy. With direct palpation through the para lumbar muscles, he had more pain to the lower thoracic and upper lumbar regions and more to the right than the left. He has diminished sensation to touch of the lower extremities, no discrete dermatome was identified. The treatment plan included H-wave trial, consult, aquatic therapy, topical cream, and follow up. The treatment request included Home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device: 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 stimulation Page(s): 117.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Home H Wave Device. The treating physician report dated 5/28/15 (10B) states, "The Tens did not help me when they tried it in physical therapy". The report goes on to note that the conservative care already performed included medication, physical therapy and TENS. An H-Wave outcome report dated 7/1/15 (13B) notes that the H-Wave was more helpful than prior treatment, allowed the patient to eliminate all medication usage, reduced pain level by 50% and improved the patient's ADL's such as the ability to walk, sit, stand sleep and exercise. The MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)". The medical reports provided show the patient has received physical therapy medication therapy and treatment with a TENS unit. In this case, there is evidence of functional improvement from a prior H-Wave home trial and documentation of failure of conservative care including physical therapy, medications and TENS. Furthermore, the use of an H-Wave device has allowed the patient to eliminate all medication usage, increase ADL's and improve the overall quality of her life. The current request satisfies the MTUS guidelines as outlined on pages 117-118. The current request is medically necessary.