

Case Number:	CM15-0169047		
Date Assigned:	09/09/2015	Date of Injury:	05/23/2012
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 5-23-2012. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, lumbar disc bulge, severe left foraminal narrowing with L5 nerve root, L5-S1 broad left paracentral disc protrusion, status post lumbar spine surgery, status post left laminectomy. The request for authorization is for H-Wave device for purchase 30-60 minute sessions as needed. The UR report dated 8-19-2015, indicated non-approval of Home H-wave device for purchase 30-60 minutes sessions as needed. On 6-24-2015, she reported low back pain rated 8-9 that comes down to 7 with medications. Physical findings revealed a well healed surgical scar of the lumbar spine, no splinting, no signs of infection, an antalgic gait, inability to complete a heel and toe ambulation due to pain, there is stiffness and tightness noted to palpation, and a restricted range of motion. A straight leg raise test is noted to be deferred. There is notation of a decreased sensation below the left knee area, and decreased motor strength. On 7-29-2015, she reported having a lot of pain to her left side, hip and left side of her back. She indicated difficulty bending over more than 25-30%, and pain radiation to her hip. She indicated physical therapy and acupuncture were helpful, but she is now experiencing worsened pain due to those therapies being completed. Physical findings revealed a well healed surgical scar of the lumbar spine, no splinting, no signs of infection, an antalgic gait, inability to complete a heel and toe ambulation due to pain, there is stiffness and tightness noted to palpation, and a restricted range of motion. A straight leg raise test is noted to be deferred. There is notation of a decreased sensation below the left knee area, and decreased motor strength. The treatment to date included: lumbar laminectomy, physical therapy,

medications including Percocet, Trazodone, Celexa, and Neurontin; home exercise program, acupuncture, H-wave trial (5-12-15 to 6-23-15), TENS unit. Diagnostic testing included: x-rays of the lumbar spine (12-30-2014), magnetic resonance imaging of the lumbar spine (April 2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device for purchase, 30-60 min sessions as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does show a H wave trial with benefit and therefore the request is medically necessary.