

Case Number:	CM15-0183265		
Date Assigned:	09/24/2015	Date of Injury:	01/28/2004
Decision Date:	11/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/17/2015

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 42 year old male who sustained an industrial injury on 1/28/2004. A review of medical records indicates the injured worker is being treated for broken pedicle screw, left shoulder impingement, moderate degenerative disc and facet disease C5-6 and C6-7, and status post L4-S1 posterolateral fusion with Plif at L5-S1 with instrumentation and iliac crest bone graft. Medical records dated 8-6-2015 noted he continued to have pain in the lumbar spine and pain increased with activities such as lifting, bending, and stooping. Physical examination noted there were no deformity of the spine and no tenderness to palpation. Surgical incision was well healed. Treatment has included 10 sessions of acupuncture, Norco, Anaprox, and Gabapentin. RFA dated 8-6-2015 requested H wave in order to reduce pain and restore function and reduce oral medication intake. Utilization review form dated 8-14-2015 noncertified H- Wave home unit rental 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit rental 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS H-Wave stimulation (HWT).

Decision rationale: The attending physician report dated 7/9/15 indicates the patient has persistent pain in the lumbar spine. The current request for consideration is H-Wave stimulation (HWT). The attending physician report dated 7/9/15, page (8B), states that the patient will benefit with a 6-month rental of H-wave to decrease pain and restore function and decrease his need for oral medications. The CA MTUS has this to say about 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, 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). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. In this case, the attending physician provides no discussion of a program of evidence-based functional restoration. Furthermore, the guidelines recommend a 1-month trial to permit the physician and provider licensed to provide physical therapy to study the effects and benefits. The current request is not consistent with guideline recommendations and is not medically necessary.