MAXIMUS Federal Services

Case Number:	CM15-0184458		
Date Assigned:	09/24/2015	Date of Injury:	01/06/2010
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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 67 year old female who sustained an industrial injury on 1-6-10. The injured worker reported lower back pain with radiation to the left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc rupture and back sprain. Provider documentation dated 9-2-15 noted the work status as retired. Treatment has included use of a cane and walker, transcutaneous electrical nerve stimulation unit, H-wave device, physical therapy, Norco since at least June of 2015, and Motrin since at least June of 2015. Provider documentation dated 9-2-15 noted "The patient has been using the H wave stimulator which seems to be working better than the TENS unit." Objective findings dated 9-2-15 were notable for pain upon flexion, tenderness at L4-L5 and L5-S1 with spasm and muscle tightness right greater than left. The original utilization review (8-20-15) denied a request for purchase of a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-wave device: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 6/3/15 progress report provided by the treating physician, this patient presents with low back pain and radicular pain into the right/left leg with some heaviness/tingling and recently more frequent muscle spasms. The treater has asked for purchase of a home h-wave device on 8/12/15. The patient's diagnoses per request for authorization dated 8/12/15 are displacement of lumbar intervertebral disc without myelopathy, and sprains/strains of back, unspecified site. The patient is able to get around without a cane or walker most of the time per 8/12/15 report. The patient has run out of pain medicine and is returning to usage of TENS unit which has not been effective for pain relief per 6/3/15 report. The patient also has been experiencing right shoulder pain, which she believes is compensatory for favoring her left shoulder per 6/3/15 report. The patient has been using a H-wave unit for evaluative purposes from 7/9/15 to 8/4/15. The patient's work status is retired according to 6/3/15 report. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: "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. The request is for a purchase of an H-wave unit 2 times per day, 30-60 minutes per treatment PRN according to 8/12/15 report. The patient has been using the H-wave device 1 time per day, 3 days per week, 45+ minutes per session from 7/9/15 to 8/4/15 per 8/12/15 report. After 26 days of usage of H-wave, the patient has reported a decrease in the need for oral medications per 8/12/15 report. MTUS guidelines recommend H-wave units as a conservative option for complaints of this nature. In this case, the patient has failed conservative therapies such as medications, a TENS unit, and physical therapy. Given this patient's presentation and the documentation of benefits from a month-long trial, a purchase is substantiated. Therefore, the request IS medically necessary.