

Case Number:	CM15-0185164		
Date Assigned:	09/25/2015	Date of Injury:	11/25/2005
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, California
 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:

This is a 52 year old female patient who sustained an industrial injury on 11-25-05. The diagnoses include lumbar degenerative disc disease with spondylosis, radiculitis, post laminectomy syndrome and chronic pain syndrome. Per the PR-2 dated 9-15-15, she had complaints of low back and left lower extremity pain at 9/10 without medications and at 2-3/10 with medications. The physical examination revealed antalgic gait, tenderness and decreased range of motion of the lumbar spine and positive straight leg raising test on the left. Per the PR-2 dated 6-26-15, she had complaints of low back and buttocks pain, rated 8 out of 10 of 10 on the visual analog scale without medications and 4 out of 10 with medications. The physical examination revealed tenderness to palpation over the paraspinal musculature, decreased sensation over multiple distributions in the left lower extremity and "increased" pain and "decreased" range of motion with flexion and extension. The patient underwent a trial of home H-wave from 7-27-15 to 8-21-15. The patient used the H-wave unit 2 times per day, 7 days per week, less than 30 minutes per session. Following the trial, she reported a decrease in the need for oral medications and increased ability to perform more activity and greater overall function due to the use of the H-wave device. She could walk farther, lift more, do more housework, sit longer, sleep better and stand longer. Per the PR-2 dated 8-24-15, she had complaints of low back and left leg pain, rated 8 to 9 out of 10 without medications and 4 out of 10 with medications. She reported that relief obtained from lumbar epidural steroid injection on 2-17-15 was now wearing off. She reported using the H-wave one to two times per day, allowing her to do more activity when she got home from work. The physical examination was unchanged. The

medications list includes Lyrica, Norco and Lidoderm patch. Previous treatment included physical therapy, injections, transcutaneous electrical nerve stimulator unit, home exercise and medications. On 8-26-15, a request for authorization was submitted for purchase of a home H-wave device. On 9-3-15, Utilization Review noncertified a request for durable medical equipment (DME) 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:

Durable medical equipment (DME) purchase of Home H Wave device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chronic Pain Disorders, and H-wave stimulation.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "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)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence that H-wave unit is used as an adjunct to a program of evidence-based functional restoration is not specified in the records provided. The patient underwent a trial of home H-wave from 7-27-15 to 8-21-15. The patient used the H-wave unit 2 times per day, 7 days per week, less than 30 minutes per session. Following the trial, she reported a decrease in the need for oral medications and increased ability to perform more activity and greater overall function due to the use of the H-wave device. However, response in terms of a decrease in the need for medications with the name, dose, duration and frequency of the medication, before and after the trial of the H wave unit, is not specified in the records provided. The medical necessity of Durable medical equipment (DME) purchase of Home H Wave device is not fully established for this patient at this juncture.