

Case Number:	CM15-0187219		
Date Assigned:	09/29/2015	Date of Injury:	07/10/2012
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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 60 year old female who sustained an industrial injury on 7-10-12. A review of the medical records indicates she is undergoing treatment for compression fracture of L1 vertebra with retropulsion, lumbar spinal stenosis, coccyx contusion, lumbar radiculitis, chronic pain syndrome, myofascial pain, and depression due to chronic pain. Medical records (5-4-15 to 8-13-15) indicate ongoing complaints of low back pain and depression. She rates her pain "9 out of 10" without medications and "7-8 out of 10" with medications. She describes the pain as "stabbing in her mid back and buttocks". She also reports aching in her anterior thighs and numbness in her lateral thighs, left calf, and numbness and tingling in her feet. She reports that her pain is "unchanged" since her last appointment (5-4-15). Current medications on the 5-4-15 visit were noted to include Norco, Cymbalta, Tramadol, Trazadone, and Gralise. The Gralise was ordered to replace Gabapentin, as it was causing drowsiness. She was noted to be able to decrease use of Norco using the Gralise medication. She reported that with the help of medications, she is able to do more around the house - cooking and cleaning, as well as complete her activities of daily living, "which has improved her quality of life". The 7-13-15 record indicates that an H-wave unit was requested on the previous visit. On 8-13-15, the treating provider indicates that the injured worker "received the H-wave" and "finds it very helpful and has been able to decrease the amount of Gralise she is taking from three to one pill". She is also noted to have "completely" stopped taking Norco. She rates her pain "8 out of 10" without pain medications and "6 out of 10" with the use of pain medications. The provider states "her pain is worse since her last appointment" and "she is having a lot more pain radiating into the lower

extremities". The physical exam (8-13-15) reveals tenderness over the paraspinal muscles and increased pain with flexion and extension of the lumbar spine. Straight leg raise is positive on the left side. Diagnostic studies have included an MRI of the lumbar spine on 6-5-14. EMG-NCV studies for bilateral lower extremities were requested. The treatment plan is to continue with home exercise program, heat, ice, and H-wave, as well as medications. The utilization review (8-16-15) indicates a request for purchase of a home H-wave unit for the low back. The request was modified to a trial of the H-wave unit for 30 days.

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 the low back (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS 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 not include a one month trial of H wave therapy with objective significant improvements in pain and function just simply that medication usage had been reduced. Therefore criteria for a home unit purchase have not been met and the request is not medically necessary.