

Case Number:	CM15-0188062		
Date Assigned:	09/30/2015	Date of Injury:	02/16/2012
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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 40 year old male, who sustained an industrial injury on 02-16-2012. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbosacral sprain and strain, right S1 lumbosacral radiculopathy, lumbar degenerative disc disease and sacroilitis. MRI of the lumbar spine on 06-12-2015 showed disc degeneration and minor broad based central annular bulge of L3-L4 and L4-L5 and 4 to 5 mm right foraminal, extraforaminal disc protrusion of L4-L5 encroaching on the right L5 nerve roots. Treatment to date has included pain medication, physical therapy and transcutaneous electrical nerve stimulator (TENS) unit, which were noted to have failed to significantly relieve the pain. A physician progress note on 04-29-2015 indicated that a free 30 day trial of H wave unit was being ordered and that if the injured worker obtained relief or showed functional improvement, the prescription would be allowed to continue and ongoing home use would be ordered. In a 07-22-2015 progress note that injured worker reported 7 out of 10 low back pain. Objective findings showed spasms of the lumbar paraspinal muscles, stiffness and tenderness of the lumbar facet joints. There was no indication as to whether the H wave unit had been effective at relieving pain or improving function. In a progress note dated 08-13-2015, the injured worker reported pain and impaired activities of daily living. The physician noted that the injured worker had utilized a home H- wave at no cost for evaluation purposes from 6-23-2015 to 07-15-2015 and that the injured worker reported ability to perform more activity and greater overall function due to use of the H wave device, however there is no documentation submitted during this time period that indicates the effectiveness of the H wave unit. The injured worker was noted to give

these examples of increased function due to H-wave: 'Sit Longer' and was noted to utilize the H wave unit daily. No objective findings were documented. The treatment plan included the purchase of a home H- wave device with goals of reducing pain, reducing the use of oral medication, improving function, activities of daily living, circulation and decreasing or preventing muscle spasm or atrophy. Work status was documented as modified. A request for authorization of home H-wave device was submitted. As per the 08-24-2015 utilization review the request for home H-wave device was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Overturned

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: Based on the 7/22/15 progress report provided by the treating physician, this patient presents with low back pain that is constant, achy, and radiates to the right thigh/leg with pain rated 7/10 on VAS scale. The treater has asked for Home H-Wave device on 8/3/15. The patient's diagnoses per request for authorization dated 8/13/15 are low back pain, pain in joint pelvic region and thigh. The patient states that repetitive activity aggravates low back pain per 7/22/15 report. The patient is s/p recent episode of dizziness and suspects it may be related to use of Tramadol per 7/22/15 report. The patient states his work is mostly light and is able to do it without a flare up per 5/6/15 report. The patient is to return to modified work until 8/31/15 per 7/22/15 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 patient has failed conservative treatment which includes physical therapy, TENS, and medications per review of reports. The patient has trialed a H-wave unit from 6/23/15 to 7/15/15 and is "able to perform more activity and has greater function due to use of H-wave device" per 8/3/15 report. The patient has been utilizing H-wave device 1 time a day, 7 days a week, 30-45 minutes per session per 8/3/15 report. The patient is also able to sit longer due to H-wave usage per 8/3/15 report. MTUS allows a 1-month home-based trial of H-wave and states that trial periods of more than a month should be justified by documentation of functional improvement or decrease in pain. In this case, the treater has documented efficacy of H-wave use, and the request does meet the criteria for further use of the H-wave device. Therefore, the request IS medically necessary.