

Case Number:	CM15-0194606		
Date Assigned:	10/08/2015	Date of Injury:	09/15/2003
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency Medicine

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 53 year old female who sustained an industrial injury on 09-15-2003. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc degeneration, lumbar disc herniation and radiculopathy. The injured worker is status post lumbar fusion (no date documented). According to the treating physician's progress report on 09-22-2015, the injured worker continues to experience lower back and right lower extremity pain radiating into the big toe rated at 6 out of 10 on the pain scale. Lumbar range of motion was limited. Motor examination and pulses were grossly intact. Waddell signs were absent. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medications were listed as Soma, Celebrex and Tylenol. Narcotic analgesics were not documented. Treatment plan consists of pending lumbar epidural steroid injection and the current request for H-wave unit (purchase or rental) and H-wave electrodes and conductive gel. On 09-23-2015 the Utilization Review determined the request for H-wave unit (purchase or rental) and H-wave electrodes and conductive gel was not medically necessary.

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 or 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: Documentation is very poor with multiple hand written progress notes that are very brief and not legible. As per MTUS Chronic pain guidelines H-Wave stimulation (HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1month trial if used as part of an evidence based functional restoration program. Several criteria needs to be met before HWT may be recommended. 1) Failure of conservative therapy. Fails criteria. Poor documentation does not document what has been attempted. 2) Failure of TENS therapy. Fails criteria. There is no documentation of TENS failure. 3) Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is supposed to be. 4) Successful trial of HWT for 1month: Fails criteria. There is some vague statements concerning HWT but it is unclear if the progress was mentioning a trial or ongoing use. Poor legibility of hand writing limits information. Since documentation does not properly document that HWT is part of an evidence based functional restoration program and the HWT trial is not valid, H-wave unit is not medically necessary.

Home H-wave electrodes and conductive gel: 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: See H-Wave review above. Since HWT is not medically necessary, any parts or supplies related to it are also not medically necessary.