

Case Number:	CM15-0196134		
Date Assigned:	10/09/2015	Date of Injury:	10/15/2009
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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 42 year old male, who sustained an industrial injury on October 15, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was recently diagnosed as having lumbar radiculopathy, spinal-lumbar degenerative disc disease, low back pain, post lumbar laminectomy syndrome and mood disorder. Treatment to date has included diagnostic studies, acupuncture, H-wave and medications. Notes stated that a transcutaneous electrical nerve stimulation unit and physical therapy were not helpful. On September 18, 2015, the injured worker complained of back pain radiating down the right leg with numbness. The pain was rated as a 5 on a 1-10 pain scale with medications and as an 8 on the pain scale without medications. His quality of sleep was fair. Physical examination of the lumbar spine revealed spasm and tenderness on palpation. Range of motion was restricted. Straight leg raising test was positive on both sides and Faber test was positive. With medication, H-wave and acupuncture, the injured worker was able to manage pain and increase function. He stated that without the use of H-wave, he is unable to further taper his medications. He was using it 2-3 times a day and noted it was particularly helpful to reduce his pain at night so he could sleep. The H-wave provided more than 70% pain relief with residual relief for 3-4 hours. The treatment plan included Flomax, psychologist appointment, follow up with urologist, continuation of H-wave use and medication refills. On September 25, 2015, utilization review denied a request for H-wave pads and gel replacements 2-3 times a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave pads and gel replacements 2-3 x a day for pain: 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 MTUS section on H-wave therapy states: 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). The patient does not have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration in the provided clinical documentation for review. Therefore the request is not medically necessary.