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| Case Number: | CM15-0196471 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 08/20/2014 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/18/2015 |
| 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: California, 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 46 year old female, who sustained an industrial injury on August 20, 2014, incurring low back injuries. A lumbar Magnetic Resonance Imaging on September 23, 2014, revealed a lumbar annular tear, facet arthropathy, and disc bulging indenting the thecal sac. She was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, and left piriformis syndrome. Treatment included physical therapy, trigger point injections, chiropractic sessions, transcutaneous electrical stimulation unit, pain medications, proton pump inhibitor, topical analgesic cream, neuropathic medications, epidural steroid injection and sacroiliac joint injections. She failed with physical therapy and transcutaneous electrical stimulation unit and had a difficult time tolerating oral medications. She underwent lumbosacral surgical decompression. Currently, the injured worker complained of persistent low back pain radiating into the left lower extremity. Epidural steroid injections offered little relief to the injured worker. The injured worker utilized an H-wave unit which relieved the pain greater than prior treatments. She was able to decrease her medications due to this device. She noted sleeping better with less stiffness. The treatment plan that was requested for authorization on October 6, 2015, included a Home H-wave device for the low back. On September 18, 2015, a request for a Home H-wave device was denied by utilization review.

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 low back, purchase: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that transcutaneous electrotherapy 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 neuropathy and chronic soft tissue inflammation, if used as an adjunct to an evidence-based program of functional restoration. It should only be used following a failure of conservative care including physical therapy, exercise, medication and TENS. In this case, the documents submitted do not indicate diabetic neuropathy or chronic soft tissue inflammation. The patient has failed physical therapy and TENS. The patient reports taking decreased medications with H-wave and improved function, however only a 10% improvement in symptoms. Therefore the request is deemed not medically necessary or appropriate.