

Case Number:	CM15-0200079		
Date Assigned:	10/15/2015	Date of Injury:	10/08/2010
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii
 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 54 year old female, who sustained an industrial injury on 10-8-2010. The injured worker is undergoing treatment for: sacroiliitis of right sacroiliac joint, lumbar sprain and strain, lumbar paraspinals muscle spasms, lumbar disc herniations, lumbar radiculitis-radiculopathy of the lower extremities, and chronic pain. On 9-2-15, she reported worsened pain to the right buttock with radiation into the right thigh and associated numbness and tingling. She indicated her pain to be exacerbated by activity such as standing on uneven surfaces, or climbing stairs. She is reported to be 50 percent improved after a right sacroiliac joint injection. She also reported low back pain with limited range of motion and muscle spasms, and radiation into the right leg down to the foot. She is indicated to have improved 50 percent with a lumbar epidural steroid injection. Objective findings revealed a normal gait, difficulty with heel and toe walking, straightening of the lumbar lordosis, tenderness in the lumbar and sacroiliac areas, stiffness of the bilateral hips and knees, guarding in the bilateral lower extremities and low back, decreased low back range of motion and positive straight leg raise testing. She is noted to have had limited improvement (10 percent) with TENS unit. The treatment and diagnostic testing to date has included: urine drug screen (3-26-15 and 6-15-15 and 7-8-15) indicated as inconsistent, medications, QME (6-22-15), lumbar epidural steroid injection (4-8-15), and right sacroiliac joint injection (5-27-15), blood work (10-7-15), magnetic resonance imaging of the cervical spine (8-23-15). Medications have included: Norco, Gabapentin, Flexeril, Omeprazole, Duragesic patches, and topical creams. Current work status: unclear. The request for

authorization is for: home H-wave unit for purchase. The UR dated 10-8-2015: non-certified the request for home H-wave unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit 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: The patient presents with diagnoses that include sacroiliitis of right sacroiliac joint, lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy of the lower extremities and chronic pain. The patient recently complained of worsening pain in her right buttock, radiating to posterior and lateral aspect of the right thigh with numbness and tingling progressively increasing in severity. The current request is for a Home H-wave unit purchase. The treating physician states in the treating report dated 9/2/15 (7A), "Patient has been given a prescription for H-Wave unit with supplies." When discussing H-Wave treatment, MTUS Guidelines state, 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 this case, the treating physician documents the failure of conservative care, limited improvement with TENS unit (only 10% improvement) and that the patient is in a chronic pain category with narcotic dependency. However, there is no evidence in the clinical history to demonstrate that the patient has attempted a one-month home-based trial of H-Wave stimulation. In fact, the utilization review dated 10/8/15 notes a conversation between the UR Reviewer and the requesting physician claiming the parties discussed that a trial had never been attempted. The requesting physician reportedly agreed that he would resubmit a request for authorization for a home trial of the requested medical treatment. Without documentation of a home-based H-Wave trial and the patient's objective and subjective findings the purchase of a unit cannot be found to be consistent with MTUS Guidelines. Therefore, the current request is not medically necessary.