

Case Number:	CM15-0024321		
Date Assigned:	02/13/2015	Date of Injury:	03/20/2007
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 was a 32 year old female, who sustained an industrial injury, March 20, 2007. The injured worker sustained the work related injury from lifting a bag of quarters for the floor which contained 500 dollars of quarters, which was very heavy. While lifting the bags the injured worker left a pop in the lower back with an immediate onset of pain in the lower back. The injured worker sustained head and low back injuries in a motor vehicle accident, on September 20, 2007. According to the progress note of December 1, 2014, the physical exam noted the lumbar flexion was 45 degrees and right rotation was 10 degrees left rotation was 10 degrees due to guarding and pain. According to progress note of December 19, 2014, the injured workers chief complaint was low back pain with radiation of pain down both legs. The physical exam noted exquisitely tender (diffuse myofascial tenderness noted upon palpation of the lumbar spine) flank, right flank, left flank and medical low back with surrounding tissue tension/texture spasms (in the paraspinal region of the lumbar spine with palpation secondary to myofascial tenderness). The injured worker was diagnosed with chronic degenerative disc and joint disease lumbosacral spine, myofascial pain syndrome and discogenic back pain. The injured worker previously received the following treatments physical therapy, H-wave treatments, chiropractic treatments, random toxicology laboratory studies, acupuncture treatments, analgesic cream, Skelaxin, Norco, home exercise program and back surgery. The documentation submitted for review did not support prior use of a TENS (transcutaneous electrical nerve stimulator) unit or H-wave treatments. December 19, 2014, the primary treating physician requested authorization for an H-wave home system for a 30 day rental. On January 5, 2015, the Utilization Review

denied authorization for an H-wave home system for a 30 day rental. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of a H-wave home system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) 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 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, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. The medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. It appears to be for chronic myofascial pain. The patient has just begun a physical therapy program. The injured worker has used this treatment in the past but there is no documentation of a trial to substantiate continued use. As such, the request for Home H-Wave Home System is not medically necessary.