MAXIMUS Federal Services

Case Number:	CM15-0025804		
Date Assigned:	02/18/2015	Date of Injury:	07/28/2011
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/11/2015

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: Arizona, California
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 41 year old male, who sustained an industrial injury on July 28, 2011. He has reported chronic low back pain and left groin pain with radiating pain to the left thigh and leg as well as depression and weight changes. The diagnoses have included lumbosacral sprain/strain injury, lumbosacral disc injury, left sacral 1 radiculopathy and myofascial pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, facet joint injections, pain medications and work duty modifications. Currently, the IW complains of reported chronic low back pain and left groin pain with radiating pain to the left thigh and leg as well as depression and weight changes. The injured worker reported an industrial injury in 2011, resulting in the above noted symptoms. He was treated conservatively without resolution of the pain. He was treated with facet joint injections as well without noted resolution of pain. Evaluation on July 2, 2102, revealed continued pain. Evaluation on October 9, 2013, revealed continued symptoms. Pain medications were continued and a TENS unit was requested. It was noted he had previously used physical therapy, acupuncture and aquatic therapy. Evaluation on November 18, 2014 revealed continued pain. Electrodiagnostic studies revealed evidence of sacral radiculopathy. Pain medications were renewed and an h-wave device was requested. On January 13, 2015, Utilization Review non-certified a request for Home h-wave unit, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of requested Home h-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions (FRP) noted above in addition, the guidelines allow for a 1 month trial within the appropriate indications. The claimant had previously used a TENS in 2013 but no recent mention of its use. The claimant had been using an H-wave since at least July 2014. The long term use is not recommended. Therefore the request for a home H-wave unit is not medically necessary.