

Case Number:	CM15-0212952		
Date Assigned:	11/02/2015	Date of Injury:	10/21/2010
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old male, with a reported date of injury of 10-21-2010. The diagnoses include chronic low back pain, low back strain, lumbar degenerative disc disease, lumbar radiculopathy, and sciatica. The progress report dated 09-02-2015 indicates that the injured worker had recovered from an acute flare, was back to baseline, which was constant pain. The objective findings include no acute distress, severe pain, trigger points in the right and left lumbar paraspinous musculature, normal curvature, paravertebral tenderness, and diminished sensation, but intact to light touch. The progress report dated 09-16-2015 indicates that the injured worker was having a good day and was looking forward to working with a pain specialist. The objective findings include no acute distress, severe pain, trigger points in the right and left lumbar paraspinous musculature, normal curvature, paravertebral tenderness, and diminished sensation, but intact to light touch. The diagnostic studies to date have included an MRI of the lumbar spine on 07-16-2015 which showed mild to moderate degenerative joint and disc changes throughout the lumbar spine without a dominant disc herniation and mild neural foraminal narrowing at L4-5, L3-4, L2-3, and L1-2. Treatments and evaluation to date have included Toradol injections, physical therapy, Norco, and Soma. The request for authorization was dated 08-06-2015. The treating physician requested the purchase of a home H-wave for the head, neck, bilateral upper extremities, and mid and low back. On 10-02-2015, Utilization Review (UR) non-certified the request for the purchase of a home H-wave for the head, neck, bilateral upper extremities, and mid and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave for head, neck, Bilateral upper extremities, Mid/Low back: 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: This claimant was injured now 5 years ago with back strain and degenerative disc disease. No H-wave trial is noted. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007). I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration; or only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave purchase. The request was not medically necessary under MTUS criteria.