

Case Number:	CM15-0218314		
Date Assigned:	11/10/2015	Date of Injury:	07/29/2013
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/05/2015

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, 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 46 year old male who sustained an industrial injury 07-29-13. A review of the medical records reveals the injured worker is undergoing treatment for status post lumbar fusion and right knee surgery. Medical records (09-30-15) reveal the injured worker complains of low back pain and left leg weakness with hip flexion. The pain is not rated. The physical exam (09-30-15) reveals decreased lumbar spine range of motion, tenderness in the lumbar region, and "mildly decreased" left hip flexion secondary to breakthrough pain. Prior treatment includes a lumbar fusion on 2/26/15, right knee surgery in 2014, and at least 26 sessions of physical therapy. The treating provider reports 20% improvement in pain with an H wave trial. The original utilization review (11-02-15) non certified the request for a home H wave unit. The patient had received an unspecified number of PT visits for this injury. The patient had used a TENS unit for this injury. The patient was provided H wave trial from 9/9/15 to 9/28/15 and had reported 20% improvement with H-wave. The medication list included Ibuprofen, Neurontin, Percocet. Per the note dated 10/21/2015 the patient had complaints of low back pain. The physical examination of the lumbar spine revealed improved functional abilities with H-wave use. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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

Decision rationale: Per the CA 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 non-invasive 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Per the records provided, indications listed above were not specified in the records provided. The records provided did not specify evidence of neuropathic pain, CRPS I and CRPS II. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records provided did not specify a response to conservative measures in conjunction with rehabilitation efforts for this diagnosis. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for a Home H-Wave Device is not medically necessary or fully established for this patient.