

Case Number:	CM15-0223338		
Date Assigned:	11/19/2015	Date of Injury:	01/05/2015
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 1-5-2015. The injured worker is undergoing treatment for: left lumbar radiculitis, lumbar facet arthropathy. The treatment and diagnostic testing to date has included: lumbar epidural steroid injection (9-11-15), medications, multiple sessions of physical therapy. Medications have included: Gabapentin, Nortriptyline, and ibuprofen. On 9-3-15, he reported low back and left leg pain rated 7 out of 10. Objective findings revealed an antalgic gait, tenderness in the low back, decreased lumbar range of motion, and positive straight leg raise testing. On 10-1-15, he reported low back and left leg pain. He rated his pain 6 out of 10. He is noted to have had an epidural injection on 9-11-15 with good benefit for 2 days. The provider noted "he was in physical therapy where he used an H-wave with good benefit." Objective findings revealed a good heel and toe walk pattern, no tenderness or spasm in the lumbosacral area, unrestricted lumbar spine range of motion, positive straight leg raise testing, decreased sensation in left L5-S1 distribution. The injured worker is noted to have reported a 50 percent pain reduction with the use of H-wave. Current work status: off work. The request for authorization is for: H-wave unit. The UR dated 10-30-2015: non-certified the request for H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: 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 claimant sustained a work injury in January 2015 when he had an exacerbation of back pain when he slipped and fell on ice. In July 2015 he had found good benefit with use of a TENS unit that he had bought online. He was using it at least two times per day and it was helping him to sleep at night. He had undergone recent aneurysm repair surgery. He had been seen for a QME and a trial of at least three lumbar epidural injections and physical therapy including a trial of H-wave unit use had been recommended. Ibuprofen was continued and gabapentin was prescribed. In October 2015 there had been benefit for two days after a transforaminal epidural injection done in September 2015, with physical therapy which had included use of an H-wave unit, and with gabapentin, but he had run out of his medications. He had low back and left leg pain rated at 6/10. Physical examination findings included positive left straight leg raising and decreased left lower extremity sensation. Authorization was requested for a repeat epidural injection and for a H-wave unit. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant previously used TENS with benefit. There is no evidence of a formal one month home based trial of H-wave use including how often the unit was used as well as comparative outcomes in terms of pain relief, medication use, and functional benefit. An H-wave unit is not medically necessary.