

Case Number:	CM15-0037107		
Date Assigned:	03/05/2015	Date of Injury:	03/05/2013
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male with an industrial injury dated March 5, 2013. The injured worker diagnoses include lumbar spine disc bulge, lumbar radiculopathy, lumbar facet arthropathy and myofascial pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, lumbar epidural injection, pool therapy, and periodic follow up visits. According to the progress note dated 1/13/2015, the injured worker reported lower back pain and recent onset of right knee pain. Physical exam and sensory testing revealed light touch sensory left lower extremity, mid-anterior thigh and mid lateral calf. The injured worker current diagnosis consists of lumbar spine disc bulge. Treatment plan includes lumbar spine epidural steroid injection, prescribed medications, pool therapy for lumbar and 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 113-118.

Decision rationale: Based on the 1/13/15 progress report provided by the treating physician, this patient presents with low back pain and recent onset of right knee pain 2 weeks ago, which patient feels is compensatory to low back pain as he walks differently to take the weight of left leg/low back. The treater has asked for H-WAVE on 1/13/15. The request for authorization was not included in provided reports. The patient has not had any surgeries per review of reports from 8/5/14 to 1/13/15. The patient has not had prior use or trial of H-wave unit. The patient's work status is not included in the provided documentation. Per MTUS Guidelines, pages 113 - 116, "H-wave is not recommended as an isolated intervention, but a 1-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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "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." Per progress report dated 4/7/14, treater has requested an H-wave device, but did not provide discussion nor reason for the request. The 11/18/14 report contains a request for "new wires for H-wave unit" but it appears the current request is for a replacement unit. Per treater report dated 8/5/14, the patient "notes H-wave helps increase functionality and mobility. It helps him about 35%." However, the request is not clear as to why a replacement unit is needed, and not just the wires. The treater does not explain. It would appear that the patient has a unit that is being used. Something may have happened to the unit from 11/18/14 to 4/7/14 but there is no explanation. Furthermore, 35% improvement does not appear to reach a level of significance. Typically, improvement requires 50% or more reduction of pain with documentation of functional improvement along with medication reduction. Such documentations are not provided. The request is not medically necessary.