

Case Number:	CM14-0117847		
Date Assigned:	08/06/2014	Date of Injury:	06/12/2006
Decision Date:	10/07/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who sustained an injury on 06/12/06. She had nonunion of fracture and intervertebral disc disorder with myelopathy of lumbar region. As per the most recent report of 06/20/14 he presented with complaints of low back pain and impaired activities of daily living. He stated the H-wave unit helped him relax when his pain was high. He was utilizing the home H-wave 2 times per day, 7 days per week, 45+ minutes per session. No other objective findings were reported. The lumbar MRI on 03/19/14 indicated that he had an instrumented interbody fusion and decompression with posterior instrumented spinal fusion from L5-S1. There was protrusion of the bone graft material causing severe foraminal stenosis on the right at L5- S1. Reportedly, he had four previous lumbar spine surgeries from June 2011 to 04/02/13. Compliance and outcome report dated 05/07/14 in reference to 14-day trial of H-wave home unit revealed he was utilizing H-wave unit for low back pain. He noted the unit had helped more than his prior treatment and he was still taking medications, which included Percocet, Flexeril, Naprosyn, Edular and Suboxone. H-wave had not allowed him to decrease or eliminate the amount of medication taken. There was 30% pain relief documented with use. It was noted that he had not sufficiently improved with conservative care. Home electric therapy recommendation note dated 04/23/14 revealed conservative care already performed includes medication, physical therapy, and home TENS unit with no benefit. Diagnoses: Lumbar postlaminectomy syndrome, s/p multiple lumbar surgeries and chronic pain syndrome with narcotic dependency. The request for Home H-Wave Device for Purchase was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines H - wave stimulation, tr.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: Per guidelines, H-Wave is not recommended as an isolated intervention, but a one month home based trial of H-Wave stimulation may be considered as a noninvasive 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 unit). H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, such as relaxation of muscle spasms, increasing local blood circulation, muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. In fact, H-wave may be used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. In this case, the medical records do not document the above guidelines being met. There is no evidence of diabetic neuropathic pain or chronic soft tissue inflammation with treatment of functional restoration, or only following failure of initially recommended conservative care, including recommended physical therapy, TENS or medications. H-wave had not allowed him to decrease or eliminate the amount of medication taken. Thus, the request is not considered medically necessary.