

Case Number:	CM14-0091680		
Date Assigned:	07/25/2014	Date of Injury:	08/14/2012
Decision Date:	09/25/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine and is licensed to practice in California, Florida and Tennessee. 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 43 year old female who sustained an injury to her low back on 08/14/12 after a slip and fall during training. The records indicate that the injured worker has undergone a 22+ month course of treatment for the low back, knee, and hip complaints which has included medications, physical therapy, chiropractic treatment, activity restrictions, and other modalities. Despite the aforementioned course of treatment, the injured worker has remained symptomatic; however, the injured worker has returned to regular work duties and is reported to be tolerating this level of activity. Electromyogram/nerve conduction velocity studies of the bilateral lower extremities were unremarkable. Magnetic resonance image of the lumbar spine dated 08/10/13 revealed L4-5 disc protrusion with narrowing of the bilateral lateral recesses with effacement of the left and right L5 transiting nerve roots; bilateral neuroforaminal stenosis that effaces the left and encroaches on the right L4 exiting nerve root; L5-S1 disc protrusion resulting in narrowing of the left neuroforamen that effaces the left L5 nerve root. An H-wave compliance form dated 04/18/14 reported that after 2 weeks of use of the H-wave, the injured worker reported 20-30% improvement in symptoms with improvement in activities of daily living. The injured worker stated that the H-wave has helped considerably more than transcutaneous electrical nerve stimulation. The progress report dated 04/01/14 reported that the injured worker is continuing to complain of right hip and low back pain. She is unable to live with the pain. It was noted that the injured worker is paying out of pocket for chiropractic manipulation treatment after requests for chiropractic treatments were denied. Physical examination noted straight leg raise positive; lumbar tenderness; decreased sensation and radicular pain along the L5 and S1 distributions; 5/5 motor strength; pain on the right hip with internal rotation; unable to heel/toe walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy/TENS, chronic pain (transcutaneous electrical nerve stimulation)/H-Wave stimulation Page(s): 114, 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-18.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), pages 117-18. The Expert Reviewer's decision rationale: Contemporaneous medical reports prior to and following prior 30 day trial of conventional transcutaneous electrical nerve stimulation (TENS) indication of failure to respond to this modality was also not provided. A current physician's medical progress report describing the injured worker's response to the 30 day trial of H-wave was not indicated. The California Medical Treatment Utilization Schedule states that there is "no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. Current evidence based studies comparing analgesic effects of H-wave therapy to TENS on pain threshold found that there were no differences between the different modalities or H-wave frequencies." Given this, the request for a home H-wave device is not indicated as medically necessary.