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| Case Number: | CM14-0213836 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 07/30/2001 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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:

This patient is a 63 year old male with a 7/31/01 date of injury. Based on the 11/21/14 progress report, this patient complains of low back pain and "exhibits impaired activities of daily living." Exam of patient shows: L/S flex of 90, extension of 15, lateral flex 30 bilaterally, straight leg raise 80 bilaterally, (+) hyperextension rotation bilaterally. Diagnoses for this patient are: 1. Low back pain 2. Chronic myoligamentous sprain/strain 3. Right lumbar facetitis The utilization review being challenged is dated 12/08/14. The request was non-certified due to specific functional gains attributed to H-wave are not documented, reduction in medication use is claimed but not quantified, and guidelines recommend H-wave where TENS has failed and in this case, the patient is documented to use a TENS unit with significant benefit. The request is for H-wave unit purchase. The requesting provider has provided various reports from 09/29/14 through 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: 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 stimulation (HWT) Page(s): 117-118.

Decision rationale: This patient presents with low back pain. The treater requests is for the H-wave unit purchase per the 11/21/14 progress report. MTUS guidelines do not recommend H-wave stimulation (HWT) 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 tissues 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 9/29/14 report, patient states the TENS unit "initially helped a lot, and as of about 1 month ago he notes it wasn't working as well"; details of "not working" were not provided. On the 10/24/14 patient survey, patient indicates the TENS unit does not provide adequate relief/benefit. According to the 11/10/14 report, patient has tried physical therapy, chiropractic care, medications, and the TENS unit. He used the H-Wave on a trial basis from 10/24/2014 to 11/1/2014, reporting: Decrease in the need for oral medication (though not specified), a 50% reduction in pain, less spasms, and the ability to sleep better, perform more activity and greater overall function. Range of motion, comparatively: 11/21/14: L/S flex 90, ext. 15, lateral flex 30 bilaterally, straight leg raise 80 bilaterally 9/29/14: L/S flex 80, ext. 10, left lateral flex 30, right lateral flex 15. Patient survey, comparatively: 1/1/15: 8/10 pain before use; 70% improvement after use; frequency of use: for 30-45 minutes 1x/day x 7 days/wk. 11/1/14: 8/10 pain before use; 40-50% improvement after use; frequency of use: less than 30 minutes 2x/day x 7 days/wk. Review of submitted documents show an absence of documentation indicating use of the H-Wave as an adjunct to a program of evidence-based functional restoration, as it is not recommended as an isolated intervention. Furthermore, this patient reports 70% improvement after use, even after a decrease in frequency of H-wave usage from twice a day to once a day. However, the provider does not provide objective documentation of significant improvement in ADLs, or the decrease or elimination of the amount of medication(s) prescribed and/or taken. While consideration to extend the trial use of the H-Wave unit beyond 30 days may be appropriate to objectively document and quality its benefits, the purchase of an H-wave unit cannot be considered warranted a medical necessity. The request is not medically necessary.