

Case Number:	CM14-0216751		
Date Assigned:	12/31/2014	Date of Injury:	02/16/2005
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/26/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old male sustained work related industrial injuries on February 16, 2005. The mechanism of injury was not described. The injured worker's current diagnoses included lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbago, and thoracic lumbar radiculitis. Prior treatment consisted of diagnostic studies, prescribed medications, twelve physical therapy sessions, acupuncture, L4-L5 laminectomy/discectomy on 08/14/2006, spinal surgery consisting of lumbar fusion on 11/04/09, removal of posterior spinal hardware and revision of decompression in November of 2012, H-wave stimulator, consultations and periodic follow up visits. Per treating provider report dated November 24, 2014, the injured worker's current complaints include low back pain with neuropathic pain affecting the left lower extremity. The injured worker reported a burning electrical pain radiating post-laterally down the left leg. Physical exam revealed mild discomfort and a slightly antalgic and unassisted gait. Low back exam revealed bilateral lumbar paraspinous tenderness with minimal muscle spasms and negative twitch response. Lumbar spine range of motion revealed 50 degrees flexion, 10 degrees extension and right and left lateral flexion 10 degrees. Documentation noted that the injured worker had a positive straight leg raise exam on the left at 30 degrees. The treating physician prescribed services for H-wave Stimulator Accessories: (Replacement Pads & Charger) now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for H-wave Stimulator Accessories: (Replacement Pads & Charger) requested on November 26, 2014. Upon review of the clinical information, UR non-certified the request for H-wave Stimulator Accessories: (Replacement Pads & Charger) based on the recommendations

of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE STIMULATOR ACCESSORIES: (REPLACEMENT PADS & CHARGER):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states:H-wave stimulation (HWT)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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.]The patient has a diagnosis of chronic left lower extremity radiculopathy and low back pain. The patient has completed physical therapy and is currently on medications for pain. There is documentation of failure to respond to TENS unit. Therefore all criteria for the use of H-wave therapy have not been met. Therefore, the request for H-Wave Stimulator Accessories: (Replacement Pads & Charger) are not medically necessary.