

Case Number:	CM15-0013427		
Date Assigned:	02/02/2015	Date of Injury:	08/29/2011
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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 29 year old female, who sustained an industrial injury on August 28, 2011. The diagnoses have included lumbar pain. Treatment to date has included H-wave and medication. Currently, the injured worker complains of pain. In a progress note dated December 15, 2014, the treating provider reports the injured worker had improvement with the use of the H-wave unit. On December 23, 2014, Utilization Review non-certified a H-wave Unit purchase, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

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 (HWT) Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), H-wave stimulation (HWT)

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

Decision rationale: Based on the 07/22/14 progress report provided by treating physician, the patient presents with flared low back pain and thigh pain. The request is for H-WAVE UNIT, PURCHASE. Patient's diagnosis per Request for Authorization form dated 12/15/14 included lumbar spinal stenosis and lumbar disc displacement without myelopathy. Patient is taking Norco as needed for pain. Physical examination on 07/22/14 revealed significant paraspinal lumbar musculature spasms. Patient's work status not provided. Per MTUS Guidelines page 117, 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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Treater has not discussed reason for the request in progress reports. Per vendor generated note with treater's signature, the patient trialed H-wave unit from 10/15/14 - 12/02/14. It appears patient had a 30 day trial of the unit at no cost, prior to authorization. However, there is lack of documentation in treatment reports by the provider that show pain reduction, reduction in medication use, and previously failed TENS trial. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.