

Case Number:	CM15-0013671		
Date Assigned:	02/02/2015	Date of Injury:	09/16/2008
Decision Date:	03/20/2015	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: New Jersey
 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 9/16/2008. The diagnoses have included anxiety, lumbago, post-operative left S1 radiculopathy, and status post L5-S1 microdiscectomies and bilateral laminotomies on 3/21/2012. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of low back pain with numbness down the bilateral lower extremities, rated 10/10 on VAS without medication use and reduced to 5/10 on VAS with the use of medications. She had a mildly antalgic gait pattern. Physical exam noted sensory was decreased over the right L5 dermatome distribution. Range of motion to the lumbar spine and lower extremities was decreased. Straight leg raise was positive on the right at 70 degrees. The PR2, dated 10/14/2014, noted random urine drug screen as consistent with prescribed medications. The PR2, dated 11/20/2014, noted request for three month trial of the H wave unit, for continued "some temporary relief of her symptoms". On 12/23/2014, Utilization Review non-certified a request for home H wave device, purchase quantity (1), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase, qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month 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, including recommended physical therapy including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, she experienced a significant reduction in reported pain since using the H-wave device daily during her trial. There was record of having tried and failed other conservative treatments, including TENS. However, there was no documentation to elude that the worker was actively engaged in a physical medicine treatment (such as home exercises) which is recommended and required in order to justify continued use of an H-wave unit. Therefore, the H-wave unit for purchase will be considered medically unnecessary until evidence of active participation in at least home exercises is presented to the reviewer.