

Case Number:	CM15-0121751		
Date Assigned:	07/02/2015	Date of Injury:	12/23/1998
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old male, who sustained an industrial injury on 12/23/1998. The mechanism of injury occurred when standing from a sitting position. The injured worker was diagnosed as having lumbar spondylosis, degenerative lumbar scoliosis and right greater trochanter bursitis. Lumbar x rays showed multilevel disc degeneration and no fracture or instability. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), chiropractic care, physical therapy, h wave trial and medication management. In a progress note dated 4/27/2015, the injured worker complains of low back pain rated 5-6/10 with medications and 7/10 without medications. Physical examination showed right lumbar paravertebral tenderness and spasm. The treating physician is requesting H wave purchase for lumbar spine. H wave trial showed positive results.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase for the lumbar spine: 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 stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H Wave stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, H Wave purchase lumbar spine is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one-month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H Wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are lumbar spondylosis; degenerative lumbar scoliosis; and right greater trochanteric bursitis. The date of injury is the December 23, 1998. The request for authorization is dated May 20, 2015. According to a February 9, 2015 progress note, the injured worker was using an H-wave unit. The H-wave unit reportedly resulted in a significant temporary reduction in pain. According to an April 27, 2015 progress note, the treating provider indicated there was a decrease in medications while using the H-Wave unit. The treating provider did not specify what medications were decreased in frequency and amount. There is no objective functional improvement. The injured worker had a significant temporary reduction in pain. Consequently, absent clinical documentation with objective functional improvement, specificity as to what medications were decreased in frequency and amount and documentation indicating significant pain relief was temporary, H-Wave purchase for lumbar spine is not medically necessary.