

Case Number:	CM15-0171310		
Date Assigned:	09/11/2015	Date of Injury:	03/03/2014
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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 was a 35-year-old male, who sustained an industrial injury, March 3, 2014. According to H-wave trail progress note of January 29, 2015, the injured worker's chief complaint was low back pain. The pain level was a 7 out of 10 prior to H-wave treatment. The injured worker had a 30% improvement in pain after a 30-45 minute treatment 2 times daily. The pain was 4 out of 10 after the treatment. According to the treating physician's progress noted of May 27, 2015, the injured worker reported decreased need for pain medication due to the H-wave device. The injured worker reported increased function due to the H-wave device including walking farther, sitting longer, sleeping better, stand longer, more family interaction and can relax longer. The injured worker was undergoing treatment for internal derangement of the knee, abnormal gait, lumbago, cervicalgia, back pain status post lumbar decompression and chronic low back pain. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, physical therapy, Norco, Lyrica, Naproxen, Cymbalta, chiropractic services, home exercise program and a H-wave trail in January 2015. The RFA (request for authorization) dated July 29, 2015, the following treatments were requested H-wave unit, DEM (durable medical supplies), rental for 90 days. The UR (utilization review board) denied certification on August 5, 2015, due to the lack of documentation or rationale for DEM (durable medical supplies) rental of H-wave unit for a 90-day trail.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of H-wave for ninety days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The current request is for Rental of H-wave for ninety days. The RFA is dated 07/29/15. TENS (transcutaneous electrical nerve stimulator) unit, physical therapy, Norco, Lyrica, Naproxen, Cymbalta, chiropractic services, home exercise program and a H-wave trial in January 2015. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: 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. Per report 07/06/15, the patient presents with chronic right knee, neck and upper extremities pain. He also report muscle spasms in the back. Examination of the cervical spine revealed pain with extension and rotation, and reflexes are difficult to elicit. Examination of the knee revealed pain around the medial patella-femoral joint and over the medial joint line. The patient has tried and failed a TENS unit and has trialed the H-wave unit which provided 30-40% pain relief that lasted approximately 4-5 hours. The patient reported decreased need for pain medication and increased function due to the H-wave device including walking farther, sitting longer, sleeping better, stand longer, and more family interaction. In this case, MTUS states that after a trial of 1 month, if successful, a home unit may be considered for long-term. There is no support for continued rental. The request IS NOT medically necessary.