

Case Number:	CM15-0172441		
Date Assigned:	09/14/2015	Date of Injury:	11/18/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female who sustained an industrial injury on 11-18-2014. The injured worker was diagnosed with lumbosacral strain. According to the primary treating physician's progress report on June 26, 2015, the injured worker continues to experience low back pain towards the end of the day since an ergonomic chair was taken away. Examination of the lumbar spine demonstrated decreased flexion with ability to touch to mid thighs and extension limited causing severe low back pain. There was no sacroiliac joint tenderness evident. Positive bilateral straight leg raise for back pain was documented. Good strength throughout except for the left side which documented mild weakness in the tibialis anterior and the extensor hallucis longus muscle. Diminished reflexes were noted bilaterally. Sensation was normal. Discussion of the lumbar spine X-rays and magnetic resonance imaging (MRI) noted severe disc disease at L5-S1 with central herniated disc, bone-on-bone and no spondylolisthesis. There was severe foraminal stenosis bilaterally and open centrally according to the provider on June 26, 2015. The injured worker used a trial H-wave unit at no cost from May 19 to June 9, 2015 twice a day for 30-45min each time, 7 days a week, noting overall improvement with 80% reduction in pain, sleeps better and through the night and able to perform more activities. Prior treatments documented to date have included diagnostic testing, chiropractic therapy, physical therapy with use of transcutaneous electrical nerve stimulation (TEN's) during sessions, home exercise program and medications. No current medications are being used. According to an April 13, 2015 medical review the injured worker was taking Mobic. Treatment plan consists of ergonomic workstation, home exercise program and on July 20, 2015, the provider requested

authorization for a Home H-wave device for purchase. The Utilization Review determined the request for Home H-wave device, purchase, (indefinite use of one device to be used in 30-60 minute sessions as needed) was not medically necessary on 08-05-2015.

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/indefinite use of one device to be used in 30-60 minute sessions as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for chronic low back pain. Imaging findings show severe L5-S1 degenerative disc disease. When seen she was having difficulty sitting in a normal chair at work. Physical examination findings included severely decreased and painful lumbar spine extension with decreased range of motion. There was back pain with straight leg raising. There was mild left lower extremity weakness. The claimant underwent a trial of home H-wave use from 05/19/15 through 06/09/15. The claimant reported improved activity and function and a decrease in pain from 6/10 to 2/10. She was using the unit two times per day, seven days per week, and for 30-45 minutes per session. Prior treatments had included TENS, physical therapy, and medications. Authorization for a home H-wave unit is being requested. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and improved function and sleep. The requested H-wave unit was medically necessary.