

Case Number:	CM15-0070219		
Date Assigned:	04/20/2015	Date of Injury:	06/18/2007
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 70 year old female with an industrial injury dated 06/18/2007. Her diagnosis is status post lumbar fusion. Prior treatment includes conservative care with TENS unit, physical therapy and medications. She presents on 03/11/2015 with low back pain. The progress note dated 03/11/2015 is handwritten and difficult to read. Objective findings note positive straight leg raising and decreased sensation of lumbar spine. In the report dated 03/20/2015 the physician documents the injured worker had functionally benefitted from her H Wave usage. The provider documents the H wave has allowed the injured worker to participate in a physical therapy directed rehabilitation exercise program and she had experienced significant functional improvements, increased mobility and increased range of motion from the combined treatments. The injured worker reports she is able to sleep better, walk farther, stand longer and have more family interaction. Pain levels are documented as decreasing 20-30% (reduced from 8/10 to 5/10) and medication has been decreased. The plan of treatment included purchase of H wave system for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave System for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

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, there was a trial of H-wave at home, which reportedly reduced pain by about 20% when used. However, the report found in the documentation suggested she had reduced her oral medications, but there was no record of her taking any medications besides Flector patch, which was not stated as being reduced related to the H-wave device. Also, the functional gains related to H-wave device use were vague and not specific enough to show clear benefit. Without more clarity on the response to the H-wave home trial, it will be regarded as not medically necessary until this is provided.