MAXIMUS Federal Services

Case Number:	CM15-0071346		
Date Assigned:	04/21/2015	Date of Injury:	09/17/2009
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
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: 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 is a 41 year old male, who sustained an industrial injury on 09/17/2009. The initial complaints or symptoms included sudden right sided low back pain followed by giving way of the legs resulting in a fall. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, injections, x-rays, MRIs, conservative therapies, and psychological evaluation. Currently, the injured worker complains of low back pain and left knee pain. An H-wave stimulation trial began on 12/01/2014, which resulted in decreased pain medication requirements and an increase in daily activities. The diagnoses include lumbar intervertebral disc disease with radicular pain and "B knees" (ICD-9 code 726.09 definition not found). The treatment plan consisted of H-wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) H-wave device, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. Multiple abstract publications for H-wave device were provided. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective radicular pain complaints and impaired ADLs for this chronic injury. There is no documented failed trial of TENS unit, PT treatment, nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. Report also indicated patient with history of Bladder cancer, a possible contraindication for use of Electrotherapy with H-wave. The patient's work status has remained unchanged. The Durable medical equipment (DME) H-wave device, purchase is not medically necessary and appropriate.