

Case Number:	CM15-0072870		
Date Assigned:	04/23/2015	Date of Injury:	01/29/2013
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/16/2015

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 32 year old male, who sustained an industrial injury on 1/29/2013. The current diagnosis is lumbago. According to the notes, the injured worker complains of constant, stabbing low back pain. The pain is rated 8-9/10 on a subjective pain scale. The current medications are Norco and Duexis. Treatment to date has included medication management and MRI studies. The plan of care includes purchase of home H-wave device for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase - low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117-118.

Decision rationale: This patient presents with chronic low back pain that radiates down the right lower extremity. The Request for Authorization is dated 03/30/15. The current request is for DME: Home H-Wave Device for Purchase-Low Back. Treatment history includes physical

therapy, medications, and TENS unit. The patient is currently not working. The MTUS Guidelines page 117, 118, supports a 1-month home-based trial of H-wave treatment 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 physical therapy, medication plus TENS. The patient utilized an H-wave unit for evaluation purposes from 02/19/15 to 03/25/15. On 04/08/15, the treating physician reported that during the H-wave trial the patient reported increased function in his daily living, including better sleep. The patient used the unit consistently, once a day, seven days per week for average 45 minutes per treatment. The patient reported average 20% decrease in pain level with treatment. It was noted that the patient is only utilizing medications on an as needed basis. In this case, the patient is benefitting from the use of the H-wave unit with documented functional improvement. Although documentation of medication reduction is not clear, given the patient's functional status and benefit, the requested H-wave IS medically necessary.