

Case Number:	CM15-0076980		
Date Assigned:	04/28/2015	Date of Injury:	11/09/2010
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old man sustained an industrial injury on 11/9/2010. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 10/16/2014 and 2/5/2015. Diagnoses include displacement of lumbar intervertebral disc without myelopathy. Treatment has included oral medications, surgical intervention, physical therapy, and TENS unit. Physician notes on a PR-2 dated 3/26/2015 show complaints of continued low back pain and decreased functional status. Recommendations include H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H-wave stimulation (HWT).

Decision rationale: According to MTUS Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention. Guidelines state that a one-month home-based trial of HWT may be considered as a noninvasive 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month trial should be documented with frequency of use, as well as outcomes in terms of pain relief and function. There is no evidence that HWT is more effective as an initial treatment compared to TENS. The medical documentation does not indicate any evidence of diabetic neuropathic pain. Although chronic soft tissue inflammation is not specifically mentioned or documented on exam, it is possible with the diagnosis of chronic lumbar pain and disc displacement. The treating physician states the patient reports 30% reduction in pain and increased ADLs while on this unit, and that the patient has previously undergone physical therapy, medications, and TENS unit. The patient also appears to be undergoing a functional restoration program. The patient and physician appear to have met all indications for utilization of this equipment. Therefore, I am reversing the prior UR decision, and the request for Home H-Wave Unit is medically necessary.