

Case Number:	CM15-0078606		
Date Assigned:	04/29/2015	Date of Injury:	01/25/2005
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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, 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 65 year old male, who sustained an industrial injury on 01/25/2005. The injured worker is currently diagnosed as having lumbar facet syndrome, spinal/lumbar degenerative disc disease, lumbar radiculopathy, low back pain, and cervical facet syndrome. Treatment and diagnostics to date has included physical therapy, home exercise program, lumbar medial branch block, cervical nerve block, lumbar spine MRI, cervical spine MRI, H-Wave unit, and medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of neck pain, back pain radiating from low back down both legs, and lower backache. The treating physician reported requesting authorization for an H-Wave unit to address pain complaints and avoid escalation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One H-Wave unit: Upheld

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 x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation 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. Within the documentation there is no indication that the patient has undergone a 30 day TENS unit trial as recommended by guidelines prior to consideration for H-Wave including documentation of how frequently the TENS unit was used, and outcomes in terms of pain relief, functional improvement, and medication usage. Furthermore, it appears that the patient already has an H-Wave unit and the rationale for another unit is not clearly identified. In the absence of clarity regarding the above issues, the currently requested H-Wave unit is not medically necessary.