

Case Number:	CM15-0079142		
Date Assigned:	04/30/2015	Date of Injury:	09/13/2014
Decision Date:	06/05/2015	UR Denial Date:	03/25/2015
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: Emergency 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:

The injured worker is a 33 year old male who sustained an industrial injury on 9/13/14. The injured worker reported symptoms in the back and lower extremity. The injured worker was diagnosed as having low back pain, lumbar disc disorder, and lumbar radiculopathy. Treatments to date have included physical therapy, H-wave therapy, ice application, muscle relaxant, nonsteroidal anti-inflammatory drugs, trigger point injection and oral pain medication. Currently, the injured worker complains of discomfort in the back. The plan of care was for a home H-wave device purchase and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The request is for purchase of a home H-wave device, which is a type of transcutaneous electrical stimulation treatment. Per the MTUS guidelines, it 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. The one-month HWT trial may 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. Physician documentation notes the injured worker is capable of sedentary work only despite a multitude of interventions, including medications, physical therapy, TENS unit, and H-wave device. While the injured worker reports a decrease in pain, the physician record does not support an increase in functional capacity despite the use of H-wave therapy. According to physician documentation, the following still causes pain: "dress himself; bathe/shower himself, get on and off the toilet; cooking; sitting; standing; walking on uneven ground; climb stairs; light housework; typing; folding laundry; getting in and out of a care; driving; sleeping." Therefore, to recommend purchase of a device that is not considered a first line recommendation for treatment of chronic low back pain appears beyond what is supported by the MTUS guidelines. Rather, an ongoing trial with clear documentation of a functional benefit would be necessary before purchase may be considered. The request as written is therefore not medically necessary.