

Case Number:	CM15-0095720		
Date Assigned:	05/22/2015	Date of Injury:	11/15/2010
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 (IW) is a 28 year old male who sustained an industrial injury on 11/15/2010. The report of injury is not included in the records. The injured worker was diagnosed as being post Lumbosacral Microdiscectomy with an onset date of 11/14/2013 (no date of surgery is given). Treatment to date has included physical therapy 2 x week for 6 weeks which appears to have been discontinued on 01/10/2014. In January 2014, the PA recommended a H-wave be used on the IW's back, documenting that medication, physical therapy and of transcutaneous electrical nerve stimulation (TENS) unit had already been performed, and the TENS unit used in the clinical setting had not provided relief. On 02/24/2014, a PR2 Addendum (Primary Treating Physician's Progress Report) from the primary treating physician noted that the patient complains of pain, the patient exhibits impaired range of motion, the patient exhibits impaired activities of daily living, and a trial of transcutaneous electrical nerve stimulation (TENS) unit failed. A PR2 dated 04/15/2014 then documents the patient complains of pain, the patient exhibits impaired activities of daily living, and the treatment plan is purchase of home h-wave device and system. A request for authorization is made for a purchase of a Home H-Wave Device. There is no documentation of this device having been trialed and the patient's response to treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

Decision rationale: The patient presents on 05/18/15 with lower back pain rated 8-9/10 which radiates into the right buttocks and calf, and associated numbness/tingling in the left foot. The patient's date of injury is 11/15/10. Patient is status post lumbar microdiscectomy on 11/04/13 at unspecified levels. The request is for HOME H-WAVE DEVICE E1399. The RFA was not provided. Physical examination dated 05/18/15 reveals tenderness to palpation of the lateral right hip, lumbar paraspinal muscles (right greater than left), and right sacroiliac joint. Treater notes positive Patrick's sign on the right, and pain elicitation upon flexion, extension, and rotation. The patient is currently prescribed Percocet, Flexeril, and Anaprox. Diagnostic imaging was not included. Patient is currently working with modifications. Per MTUS Guidelines page 117, "H- wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered 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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In regard to the purchase of a home-use H-wave device, there is inadequate documentation of a successful 30 day trial and it is implied that this patient has already been provided a unit. Progress note dated 05/18/15 states: "He has tried and failed TENS unit and had to return to the H-wave." indicating that this patient has already received a unit for home use. PR-2 addendum dated 04/15/14 does seem to indicate that this patient trialed an H-wave device previously, though the only mention of efficacy is: "The use of home H-wave has shown to benefit." The report does not include specific functional improvements, pain reduction, or the reduced need for medications. Given the lack of specific documentation of trial efficacy, and the implication that this patient has already received an H-wave unit, the medical necessity of the request as written cannot be substantiated. The request IS NOT medically necessary.