

Case Number:	CM15-0096506		
Date Assigned:	05/26/2015	Date of Injury:	09/16/2008
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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: Internal 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 62-year-old female sustained an industrial injury to the low back on 9/16/08. Previous treatment included lumbar fusion, physical therapy, acupuncture, psychiatric care, H-wave and medications. In a PR-2 dated 4/23/15, the injured worker complained of some increased left low back pain with radiation into the buttocks down the left lower extremity associated with left plantar numbness. The physician noted that the injured worker was having problems with her H-wave unit. Physical exam was remarkable for tenderness to palpation to the left superior hamstring with pain upon range of motion, left foot with decreased sensation, left lower extremity with 4/5 strength and lumbar spine with tenderness to palpation along the left sacroiliac joint with restricted range of motion. Current diagnoses included limb pain, back pain, status post lumbar fusion, lumbar spine radiculopathy and lumbar post laminectomy syndrome. The treatment plan included continuing medications (Gralise, Amitriptyline, Vistaril and Senna), weaning Tramadol, continuing psychiatric care and requesting an H-wave unit garment for proper placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Undergarment for H-wave unit for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation ACOEM 3rd Edition Low back disorders 2011 <http://www.guideline.gov/content.aspxid=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy and H-wave stimulation. MTUS Chronic Pain Medical Treatment Guidelines indicate that H-wave stimulation (HWT) 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 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). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) indicates that TENS is not recommended. ACOEM Chapter 12 (Page 300) indicates that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM 3rd edition (2011) indicates that H-wave stimulation is not recommended for low back disorders. The primary treating physician's progress report dated 4/23/15 documented a history of L3-L5 decompression with posterior L5-S1 fusion. The 4/23/15 progress report does not document enrollment in a functional restoration program (FRP), which is a MTUS requirement for H-wave. The 4/23/15 progress report documented that the medication Tramadol provides pain relief and improves activities of daily living. The 4/23/15 progress report does not document failure of conservative care, including medications. ACOEM 3rd edition (2011) indicates that H-wave stimulation is not recommended for low back disorders. ACOEM guidelines do not support the medical necessity of H-wave for low back disorders. Therefore, the request for H-wave unit undergarment is not supported by ACOEM guidelines. Therefore, the request for undergarment for H-wave unit is not medically necessary.