Case Number:	CM13-0043908		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2012
Decision Date:	07/31/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male who reported an injury on 07/01/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lumbosacral back strain and chronic low back pain. Previous treatments include a TENS unit, physical therapy, and medication. The clinical note dated 09/24/2013 reported the injured worker complained of back pain. The provider did not document a physical examination for clinical review. The provider requested an H-wave unit to focus on functional restoration. The request for authorization was submitted and dated 09/24/2013.

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.

Decision rationale: The injured worker complained of back pain. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a non-invasive conservative option for diabetic neuropathy, 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 medication plus transcutaneous electrical nerve stimulation. In recent retrospective studies suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of soft tissue injury or neuropathic pain in an upper or lower extremity of the spine that was unresponsive to conventional therapy. There is a lack of documentation indicating the injured worker had any numbness or muscle weakness to suggest neuropathic pain. There is lack of significant clinical documentation indicating the efficacy of the prior course of the H-wave unit. There is lack of documentation indicating the injured worker had been tried and failed on conservative therapy including the TENS unit, physical therapy, and medication. The request submitted failed to provide a treatment site. Therefore, the request for Home H - Wave Device purchase is not medically necessary.