

Case Number:	CM14-0014919		
Date Assigned:	02/28/2014	Date of Injury:	08/12/2013
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 patient is a 39-year-old male who reported an injury on 08/12/2013 and the mechanism of injury was not provided in the medical records. Per the clinical note dated 12/24/2013, the physician reported the patient was in for a re-evaluation regarding his low back pain. The patient reported his back pain was better since the last. The patient reported that he had completed 7 sessions of acupuncture and he had received his H-wave unit 1 week ago. The patient also reported the H-wave helped relieve his pain and he had been able to increase his hours at work. The patient rated his pain level at a 5/10 to 6/10 without medications and a 3/10 to 4/10 with medications. On physical examination, the physician reported the patient had a 5/5 bilateral lower extremity strength, there was tenderness over the paraspinal, left greater than right, increased pain with flexion and extension, and the straight leg test was positive on the right. The physician reported that the patient had failed physical therapy. The patient would like to proceed with an injection. The physician requested authorization to perform an interlaminar lumbar epidural steroid injection at the L5-S1. The current request is for home H-wave device; three (3) additional months and the date was not provided for the original request.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE; THREE (3) ADDITIONAL MONTHS: 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 Chronic Pain, H-wave stimulation (HWT), Page(s): page(s) 117.

Decision rationale: The California MTUS Guidelines indicate H-wave therapy (HWT) is not recommended as an isolated intervention, but a 1 month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation if used in 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 (TENS unit). However, the clinical documentation provided failed to indicate if the injured worker had measurable objective functional and decreased pain relief after using H-wave therapy system. It was also not documented that the injured worker was to continue an adjunctive program of evidence based functional restoration to meet guideline criteria. Therefore, the request for home H-wave device; three (3) additional months is not medically necessary and appropriate.