

Case Number:	CM14-0151472		
Date Assigned:	09/19/2014	Date of Injury:	02/06/2014
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 American Board of Family Practice and is licensed to practice in California. 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:

31-years old male claimant sustained a work injury on 2/6/14 involving the neck and low back. He was diagnosed with cervical /lumbar strain. An MRI in March 2014 indicted cervical disc degeneration and C2-C3 disc protrusion and a normal lumbar spine. He has undergone 16 visits of therapy. A progress note on 9/2/14 indicated the claimant had tried an H-wave device for 3 weeks and noted a 50% reduction in pain. Exam findings were not noted. The treating physician requested home use of H-wave with a purchase of the unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 171-172.

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

Decision rationale: According to the MTUS guidelines, H-wave 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, and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there was no evidence of TENS use or its response. In addition, the exam or clinical notes did not indicate neuropathy or soft tissue inflammation. The continued purchase of an H-wave unit is not medically necessary.