

Case Number:	CM14-0174498		
Date Assigned:	10/27/2014	Date of Injury:	11/16/2011
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 40-year-old man who sustained a work-related injury on November 16, 2011. Sequentially, he developed chronic low back pain. The patient failed conservative care with the TENS (over 5 years TENS therapy in home), physical therapy, and medications. According to the progress report dated October 6, 2014, the patient reported ongoing pain, and muscle spasms to his low back. The patient was provided a free 30 day trial of the H-wave on July 10, 2014. The H-wave has allowed the patient to participate in a directed rehabilitation exercise program. On average, there has been a 80% decrease in pain levels lasting up to 3 hours after each treatment. The patient was diagnosed with low back pain, prolapse, protrusion, rupture, and radiculitis thoracic/lumbar neuritis and sacroilitis. The provider requested authorization for home H wave device purchase.

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: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no objective documentation of functional improvement with a previous TENS and H wave therapies. Therefore a Home H wave device is not medically necessary.