

Case Number:	CM14-0027961		
Date Assigned:	06/16/2014	Date of Injury:	11/11/2012
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/05/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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:

This patient is a 22 year old female who placed a box onto the floor while working at her place of employment. She felt immediate pain. She has tried chiropractic treatments, and an epidural without significant relief. She does take ibuprofen and Soma, with mild relief. The pain is worse with prolonged sitting, standing, bending backwards & twisting. On average her pain is 4-5/10 and is described as pins and needles that can radiate into her legs. She is not a surgical candidate. She has used transcutaneous electric nerve stimulation (TENS) without benefit and is currently using an H-wave unit which she states has provided relief. She claims the unit prevents her muscles from cramping and keeps them relaxed for sleeping; additionally she has been able to increase the duration of her activity. She reports that her pain level has been improved by about 25% with usage of about 30-45 minutes/day about 5 days/week for a total of 84 days. She states she does do home exercises on a regular basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE H-WAVE UNIT LUMBAR X 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119, 120.

Decision rationale: The MTUS has stated that the H-Wave therapy is not recommended as an isolated intervention. 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). This patient does not have diabetic neuropathic pain or chronic soft tissue inflammation. Additionally, the documentation that the patient provided is not equivalent to a formal one month trial of H-wave therapy that is documented by a clinician. A physician or physical therapist has not shown evidence- based functional restoration, like a return to work. It is for these reasons that the H-Wave unit is deemed not medically necessary.