

Case Number:	CM14-0036575		
Date Assigned:	06/25/2014	Date of Injury:	04/20/2001
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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, and is licensed to practice in California and Washington. 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 56-year-old with a reported injury on April 20, 2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated March 5, 2014 reported that the injured worker complained of low back pain. The physical examination of the injured worker's lumbar spine revealed range of motion restricted with flexion limited to 77 degrees due to pain and extension limited to 20 degrees. On palpation over the paravertebral muscles, tenderness and tight muscle band were noted bilaterally. Lumbar facet loading was positive on the right side, and straight leg raising test was positive bilaterally at 60 degrees. The injured worker's diagnoses included low back pain. The provider requested home H-Wave device for purchase, due to the H-Wave having had positive results. The request for authorization form was submitted on March 25, 2014. The injured worker's prior treatments included chiropractic sessions and H-Wave therapy. It was reported that the injured worker verbalized the H-Wave had 'helped him immensely.'

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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/H-WAVE STIMULATION.

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

Decision rationale: The request for home H-Wave device purchase is non-certified. The injured worker complained of low back pain. The treating physician's rationale for the home H-Wave device purchase is due to the immense help that it has provided the injured worker. The Chronic Pain Medical Treatment Guidelines do not recommend the H-Wave stimulation (HWT) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). It is noted that the injured worker has had positive results with the H-Wave; however, there is a lack of clinical evidence of significant objective functional improvements. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, exercise, and medications. Given the information provided, there is insufficient evidence to determine appropriateness of the H-Wave to warrant medical necessity. In addition, the Guidelines do not recommend H-Wave stimulation. As such, the request for A home h wave device purchase is not medically necessary or appropriate.