

Case Number:	CM14-0041337		
Date Assigned:	09/03/2014	Date of Injury:	06/18/2003
Decision Date:	10/07/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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:

The claimant was injured on 06/18/03 when he was moving heavy boxes. An H wave device trial for 2 weeks is under review. He was diagnosed with lumbosacral spondylosis and radiculopathy. A request was made for a home H wave device purchase. He is status post cervical fusion surgery in 2004. He has also had PT. He complains of low back pain. He reportedly has already undergone a 4 week trial of the H wave unit. He never had a trial of a TENS unit but the H wave trial was approved. The claimant reportedly completed 2 weeks of the trial and an additional 2 weeks have been requested to complete the trial and these weeks are under review. A note by [REDACTED] dated 03/10/14 indicates the H wave trial device was helpful for the low back but not the neck. The claimant takes pain medications for the neck and back. Taper of oxycodone was ongoing. Purchase of a home H wave device was originally requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Purchase of 1 Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines H-Wave Therapy (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 148.

Decision rationale: The history and documentation do not objectively support the request for purchase of an H wave device. The MTUS state "H-wave stimulation (HWT) 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." In this case, there is no evidence of a failed trial of TENS use or a successful trial of H wave use for approximately 30 days, along with an ongoing exercise program. Without documentation of a failed trial of TENS and a successful trial of H Wave, in addition to an ongoing exercise program, the medical necessity of an H wave device purchase has not been clearly demonstrated and is not medically necessary or appropriate.