

Case Number:	CM14-0049460		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2008
Decision Date:	08/12/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 35 year old with an injury date on 5/7/08. Patient complains of back pain, and is experiencing chronic soft tissue inflammation per 3/26/14 report. Patient has failed conservative treatment including physical therapy, medications, and TENS, and states relief from H-wave device per 3/26/14 report. Based on the 3/26/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbago 2. s/s lumbar 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, H-wave stimulation (HWT)(pp117,118) 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) Page(s): 117-118.

Decision rationale: This patient presents with back pain. The treating physician has asked for H-wave purchase on 3/26/14. Review of the 3/26/14 report shows after a month-long H-wave patient states relief. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed and if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. A purchase is recommended if a month-long trial has shown a documented improvement in pain and function. In this case, the treating physician has asked for H-wave purchase after a TENS unit trial failed, but included reports do not provide adequate documentation of pain and function in relation to H-wave usage as per MTUS guidelines. There are no mention of medication reduction, no specifics regarding ADL's or function, and no before/after analgesia is provided. The treating physician does not document how often the patient is using it with what specific effects. Request is not medically necessary.