

Case Number:	CM14-0081223		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2010
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Texas and Ohio. 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 41-year-old male who reported an injury on 01/05/2010. The mechanism of injury was unspecified. The injured worker's complaint was not provided. The diagnoses included lumbago and sciatica. No diagnostics are not available for review. No past history. The objective findings included the use of the H-Wave, that the injured worker reported decreased his need for all medication due to the H-Wave device. The injured worker reported an ability to perform more activities and greater overall function due to the H-Wave device. The treatment plan included to reduce and/or eliminate pain, to improve functional capacity and activities of daily living, to reduce or prevent the need for oral medications, to improve circulation and decrease congestion in the injured region, and to decrease or prevent muscle spasms and muscle atrophy and promote self management tools for the injured worker. The Request for Authorization dated 04/22/2014 was submitted with documentation. The rationale for the H-Wave was to decrease the oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117-118.

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

Decision rationale: The home H-Wave device for the lower back is not medically necessary. The California MTUS does not recommend 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 and medications, plus transcutaneous electrical nerve stimulation. The clinical note did not indicate the history of complaint for the injured worker or objective findings. The injured worker utilized an H-Wave from 03/18/2014 to 04/02/2014 and indicated it decreased his pain. However, no efficacy was measured using the VAS. The clinical note was vague. The clinical note did not indicate if the injured worker had diabetic neuropathy pain or chronic soft tissue inflammation in conjunction with a program for evidence based functional restoration and only following failure of initially recommended conservative care. No physical therapy or medications or the transcutaneous electrical nerve stimulator documentation was provided. As such, the request is not medically necessary.