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| Case Number: | CM14-0202634 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 12/19/2008 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 65 year old man who sustained a work-related injury on March 30 2009. Subsequently, the patient developed a chronic back pain. According to a progress report dated on June 30 2014, the patient was complaining of right shoulder and low back pain. The patient physical examination demonstrated right shoulder tenderness with positive impingement sign and reduced range of motion, lumbar tenderness with reduced range of motion and positive straight leg raising. The patient was diagnosed with lumbar sprain and right shoulder rotator cuff. The provider requested authorization for H wave.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and

focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no objective documentation of functional improvement with a previous TENS and H wave therapies. Therefore, the request for H-Wave Purchase is not medically necessary.