

Case Number:	CM15-0002094		
Date Assigned:	01/13/2015	Date of Injury:	10/25/2013
Decision Date:	04/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 10/25/2013. The mechanism of injury was not stated. The current diagnosis is lumbar sprain. A primary treating physician's narrative report was submitted on 12/14/2014. It was noted that the injured worker reported complaints of pain and exhibited impaired activities of daily living. The injured worker had utilized a home H-wave device from 10/08/2014 through 12/04/2014. Recommendations included a home H-wave system purchase to be utilized twice per day for 30 to 60 minutes per treatment on an as needed basis. According to a home electrotherapy recommendation and history form, the injured worker had been previously treated with medication, physical therapy, and TENS therapy without an improvement in symptoms. A patient compliance and outcome report was submitted on 12/04/2014 following 57 days of H-wave stimulation. The injured worker noted that he could walk farther and sleep better following H-wave stimulation. The injured worker's pain level was 7.5/10. The injured worker reported 10% of improvement with the H-wave device. A Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention but a 1-month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration, and only following a failure of initially recommended conservative treatment. While it is noted that the injured worker has failed to respond to conservative management in the form of physical therapy, medications, and TENS therapy, the injured worker only reported a 10% improvement following 57 days of H-wave stimulation. Additionally, there was no mention of the injured worker's active participation in a program of evidence based functional restoration to be used in conjunction with the H-wave device. Given the above, the request is not medically appropriate at this time.