

Case Number:	CM15-0100405		
Date Assigned:	06/02/2015	Date of Injury:	11/18/2010
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male, who sustained an industrial injury on November 18, 2010. Treatment to date has included trigger point injection, physical therapy, TENS, home exercise, facet injections, sacroiliac injection and radiofrequency neurotomy. Currently, the injured worker complains of continued low back pain and left leg pain. The injured worker reported eliminating the need for oral medication due to the use of his H-Wave device. He reported the ability to perform more activities and greater overall function due to the use of the H-wave device. The injured worker provided examples of being able to walk further, perform more housework, sleep better and stand longer. He uses his H-wave one time per day each day for 45 minute sessions. The diagnoses associated with the request include chronic low back pain and radiculopathy of the left leg. The treatment plan includes use of H-Wave therapy.

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 purchase: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), p117.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for low back and left lower extremity pain. He underwent a trial of H-wave device use in February 2015 with reported benefit including improved sleep and decreased pain. He was using the unit on a daily basis. When seen, there was decreased spinal range of motion with muscle tenderness and spasm. The claimant is noted to be able to work with restrictions. Although H- wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H- wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and with improved sleep. Therefore, the requested H-wave unit was medically necessary.