

Case Number:	CM15-0106211		
Date Assigned:	06/10/2015	Date of Injury:	07/08/2010
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female patient, who sustained an industrial injury on July 8, 2010. She reported that while sitting, her chair broke and she went down on the cement floor, hurting her back, tailbone, and right lower side of back. The diagnoses include lumbar low back pain. Per the Primary Treating Physician's report dated April 14, 2015, she had utilized a home H-Wave unit for evaluation purposes from March 4, 2015 to March 24, 2015. She reported the ability to perform more activity and greater overall function due to the H-Wave use of three times a day, seven days a week, for 45+ minutes per session. The medications list includes fentanyl and Tylenol. Treatment to date has included H-Wave, TENS, facet injections, epidural steroid injections (ESIs), physical therapy, acupuncture, MRI, x-rays, and medication. The treatment plan was noted to include purchase of home H-Wave device and system, as she had not sufficiently improved with conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave home system for indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

Decision rationale: Q-- H-wave home system for indefinite use Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "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, 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)." Evidence of diabetic neuropathy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Patient has used H-wave. Response in terms of decreased need for medications and increased objective functional improvement is not specified in the records provided. In addition, detailed physical examination with significant functional deficits that would require use of H-wave is not specified in the records provided. The medical necessity of H-wave home system for indefinite use is not medically necessary for this patient at this juncture.