

Case Number:	CM15-0136297		
Date Assigned:	07/24/2015	Date of Injury:	05/05/2006
Decision Date:	10/13/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, 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:

The injured worker is a 56-year-old female who sustained an industrial injury on May 5, 2006. Diagnoses have included lumbar discogenic disease, lumbar radiculopathy, and, chronic low back pain. Documented treatment includes medications including Celebrex, Norco, and Soma providing "functional improvement" per May 21, 2015 report, use of a cane, TENs unit, physical therapy, lumbar epidural injections, and trigger point injections. The injured worker continues to present with low back pain and muscle spasms. Bilateral pain is at L4-5 and L5-S1. The treating physician's plan of care includes Home H-wave device purchase to be used in 30-60 minute sessions, but this was denied on August 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Home H-Wave Device Purchase/Indefinite use, to be used in 30-60 minutes session:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did use a TENS previously and an H-wave trial for a month is considered an option rather than a necessity. The request for purchase implying indefinite use is not supported by the guidelines and future response cannot be determined to allow for permanent use. The request for purchase of the H-wave is not medically necessary.