

Case Number:	CM15-0143155		
Date Assigned:	08/04/2015	Date of Injury:	06/16/2011
Decision Date:	09/01/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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: North Carolina

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 49-year-old male, who sustained an industrial injury on 6-16-2011. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostics, multiple lumbar surgeries, physical therapy, transcutaneous electrical nerve stimulation unit, H-wave trial, and medications. Currently, the injured worker complains of pain and impaired activities of daily living. He was provided a free 30-day trial H-wave on 6-13-2015, to assist with pain control, reduce inflammation, reduce spasms, improve circulation, improve mobility, improve activities of daily living, and to expand and reinforce his home exercise program. It was documented that he treated with device twice daily, 7 days per week, for 30-45 minutes. He received a 20% decrease in pain for approximately 5 hours after each treatment. He reported improved sleep and was able to participate in more activities, including a physical therapy directed rehabilitation exercise program. It was documented that H-wave did not allow a decrease or elimination of medication, noting pain medication and muscle relaxants. Pain levels were reported 6-7 out of 10 pre H-wave and 3 out of 10-post treatment. The treatment plan included purchase of a home H-wave device, with treatment twice daily for 30-45 minutes. His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT)-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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective significant improvements in pain and function. Therefore, criteria for a home unit purchase have not been met and the request is not medically necessary.