

Case Number:	CM15-0033576		
Date Assigned:	02/27/2015	Date of Injury:	09/10/2014
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
Certification(s)/Specialty: Internal Medicine

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 20 year old male injured worker suffered an industrial injury on 9/10/2014. The diagnoses were cervical thoracic strain, right shoulder joint strain, lumbosacral strain, left knee strain, left ankle strain, probable post traumatic head injury syndrome with headaches, and facial injury with TMJ complaints. The treatments were H-wave, TENS unit, physical therapy, acupuncture, and medications. The treating provider reported improvement of symptoms with the above symptoms at the 1/21/2015 visit where he is no longer taking any medications. The requested treatment was H-wave device, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation ACOEM 3rd Edition (2011) <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy and H-wave stimulation. MTUS Chronic Pain Medical Treatment Guidelines state that 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 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). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states that TENS is not recommended. ACOEM Chapter 12 (Page 300) states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM 3rd edition (2011) indicates that H-wave stimulation is not recommended for low back disorders. Medical records document a diagnosis of lumbosacral strain. The primary treating physician's progress report dated 1/21/15 documented negative tenderness to palpation in the lumbar spine. Negative bilateral straight leg raise was noted. Neurovascular was intact the lower extremities. The 1/21/15 progress report documented a negative physical examination of the low back, and does not support the request for a H-wave device for the low back. ACOEM 3rd edition (2011) indicates that H-wave stimulation is not recommended for low back disorders. The request for a H-wave device is not supported by MTUS or ACOEM guidelines. Therefore, the request for H-wave device for the low back is not medically necessary.