

Case Number:	CM15-0039299		
Date Assigned:	03/09/2015	Date of Injury:	04/03/2000
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 67-year-old male who sustained an industrial injury on 04/03/2000. Diagnoses include lumbosacral spondylosis without myelopathy, lumbar strain, shoulder impingement and lumbar sciatica. Treatment to date has included medications, physical therapy, TENS Unit and a home H-Wave was initiated on 12/16/2014 until 01/08/2015 for a trial period. In a physical progress note dated 01/20/2015, documents the H-Wave form showed the injured worker uses the home H-Wave for his lower back. He was able to increase his daily activities by sitting, standing longer and sleeping better, and he has less pain in the right leg and lower back. It was noted he was able to decrease his medications. It was documented he had a 20% improvement with the H-wave. On 12/30/2014 it is documented the injured worker has tenderness of paravertebral muscles. He has right shoulder tenderness with normal strength and full painless range of motion. The request is for a home H-Wave unit to be used twice a day for 30-60 minutes.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 151.

Decision rationale: An H-wave stimulation device has been requested. Records indicate that the patient has previously undergone physical therapy without relief in symptoms. He continues to use NSAID medications. MTUS guidelines states regarding the prescription of H-wave stimulation devices, "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)." Regarding this patient's case, there has not been a one month home based trial of H-wave stimulation performed yet. While, there has been a failure of physical therapy, there has not been a documented failure of use of a TENS unit. It is also not apparent from the documentation that the H-wave device is intended to be used as part of an evidence-based functional restoration program. This request is not considered medically necessary.