

Case Number:	CM15-0042077		
Date Assigned:	03/12/2015	Date of Injury:	07/01/2011
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a female patient, who sustained an industrial injury on 07/01/2011. A primary treating office visit dated 01/27/2015, reported subjective complaint of pain and impaired activities of daily living. She had a trial evaluation period from 12/22/2014 to 01/12/2015 utilizing the H-wave device with noted positive effects. Prior treatment included oral medications, 8 injections, use of a transcutaneous nerve stimulating device; along with surgery in 2012. The following diagnoses are applied; gastroesophageal reflux with gastritis, treating with Tums, dietary restrictions and Protonix. Lumbar discopathy, with radiculopathy and instability, persistence of numbness and tingling in certain positions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of H Wave device for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled studies supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no objective documentation of functional improvement with a H wave therapies. Even though the patient completed a 30 day trial of H-wave unit there was no documentation of functional improvement and reduction in use of medication. Therefore, the request for H-Wave Purchase is not medically necessary.