

Case Number:	CM15-0046212		
Date Assigned:	03/18/2015	Date of Injury:	05/13/2011
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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 66-year-old female, with a reported date of injury of 05/13/2011. The diagnoses include chronic pain, cervical strain, and low back strain. Treatments to date have included oral medications, an MRI of the lumbar spine, and physical therapy for the lumbar spine. The medical report dated 01/31/2015 indicates that the injured worker complained of low back pain and neck pain. She reported that her pain levels were back to what they were before her flare-up in December. Her left neck was painful and felt tight. Her low back pain was currently worse on the right, and radiated down the posterior right thigh. The objective findings include midline lumbosacral spine tenderness. The treating physician requested the purchase of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117-118.

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 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 failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no objective documentation of functional improvement with a previous TENS and H wave therapies. The patient was provided with an H-wave unit; however, the outcome of the trial was not specified. Therefore, the request for H-Wave Purchase is not medically necessary.