

Case Number:	CM15-0053307		
Date Assigned:	03/26/2015	Date of Injury:	08/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 44 year old male, who sustained an industrial injury on August 19, 2014. The injured worker reported low back pain. The injured worker was diagnosed as having lumbar musculoligamentous strain with lower extremity radiculitis and disc bulge. Treatment and diagnostic studies to date have included Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, chiropractic and medication. A note dated February 17, 2015 provides the injured worker used the H-Wave device as a trial and reports excellent results. She reports increased function and decreased pain and would like to incorporate it in her therapy. The plan includes H-Wave therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 117-118, H-Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: The requested HOME H-WAVE DEVICE is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave 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 diabetic neuropathic pain, 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)." The injured worker has reported increased function and decreased pain from H-wave use and would like to incorporate it in her therapy. The treating physician has not documented the presence of a guideline-supported indication for H-wave use nor detailed description of TENS trials. The criteria noted above not having been met, HOME H-WAVE DEVICE is not medically necessary.