

Case Number:	CM15-0059609		
Date Assigned:	04/06/2015	Date of Injury:	12/29/2012
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49 year old male who sustained an industrial injury on 12/29/2012. His diagnoses, and/or impressions, include lumbar spine degenerative disc disease, lumbar disc protrusion, lumbar stenosis, neuritis and radiculitis; and lumbar myospasm. Recent lumbar x-rays are noted non 12/26/2014 & 3/2/2015. His treatments have included lumbar epidural steroid injection therapy - ineffective; medication management and modified work duties. The progress notes of 1/21/2015 show complaints of continued radiating back pain, with increased activity, and an unchanged lumbar spine assessment. No medical records provided note the physician's requests for treatments that included the purchase of a home H-wave device for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for lumbar, purchase: Upheld

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

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

Decision rationale: Home H-Wave device for lumbar, purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the 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 one-month H Wave trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not indicate that the patient has had a one month H wave trial with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The request for a home H wave for purchase is not medically necessary.