

Case Number:	CM15-0080918		
Date Assigned:	05/01/2015	Date of Injury:	11/12/2009
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/27/2015

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 41 year old female who sustained an industrial injury on November 12, 2009. She has reported injury to the neck, left hip, bilateral knees, and low back and has been diagnosed with low back syndrome, SI syndrome, shoulder arthralgia/joint pain, joint pain, lower leg, neck pain/cervicalgia, and lumbar radiculopathy. Treatment has included surgery, medication, rest, injections, physical therapy, modified work duty, and a home exercise program. Currently the injured worker had left leg numbness and weakness with predominant pain in the low back radiating into her left lower extremities. There was spasm, numbness, tingling, and weakness of her leg. The treatment request included Home H-wave electrodes and H-wave gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation.

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

Decision rationale: The requested Home H-Wave Electrodes are 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 left leg numbness and weakness with predominant pain in the low back radiating into her left lower extremities. There was spasm, numbness, tingling, and weakness of her leg. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, Home H-Wave Electrodes is not medically necessary.

Home H-Wave Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation.

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

Decision rationale: The requested Home H-Wave Gel 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 left leg numbness and weakness with predominant pain in the low back radiating into her left lower extremities. There was spasm, numbness, tingling, and weakness of her leg. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, Home H-Wave Gel is not medically necessary.