

Case Number:	CM15-0084940		
Date Assigned:	05/07/2015	Date of Injury:	08/17/1999
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 08/17/1999. He reported an injury to his low back. The injured worker is currently not working. The injured worker is currently diagnosed as having lumbar spine pain, lumbar spine degenerative disc disease, and lumbar spine radiculopathy. Treatment and diagnostics to date has included lumbar spine MRI, multiple back surgeries, back support brace, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, injections, and medications. In a progress note dated 02/27/2015, the injured worker presented with complaints of low back pain that goes into his left posterior leg. Objective findings include frequent swelling, inflammation, or stiffness of joints, pain on short leg raise, and tenderness over the lower lumbar spine. The treating physician reported requesting authorization for a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase: 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 9792.20-.26 Page(s): 114-117.

Decision rationale: According to the MTUS H-wave is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In this case the documentation does not support that the patient is enrolled in a functional restoration program or that they have an acceptable diagnosis for the use of the H-wave. The continued use is not medically necessary.