

Case Number:	CM14-0125708		
Date Assigned:	09/24/2014	Date of Injury:	11/04/2010
Decision Date:	10/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who was injured on 11/4/2010 after performing a lifting activity. He was diagnosed with lumbar disc disease, lumbar radiculitis, disorder of the sacrum, and lumbar sprain/strain. He was treated with various medications, surgery, physical therapy, and H-wave. On 6/6/14, the injured worker was seen by his primary treating physician complaining of pain and impaired activities of daily living. It was reported that the home H-wave device that was given to him at a previous visit had "shown to benefit", but no other details were given in the note. He was then recommended an H-wave device (for purchase) to use daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, he had trialed the H-wave with some reported benefit, albeit ill-defined without measurable pain levels or specific functional benefit documented in the note. Also, there is no evidence found in the documents available for review that a TENS unit was trialed first before the H-wave was initiated, nor was there any report that the worker was concurrently using home exercise or another form of physical therapy along with the H-wave device use. Therefore, for the reasons above, the request for an H-wave is medically unnecessary.