

Case Number:	CM15-0014661		
Date Assigned:	02/03/2015	Date of Injury:	12/08/1980
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 74 year old male, who sustained an industrial injury on 12/08/1980. She has reported subsequent back and hip pain and was diagnosed with lumbago, spinal stenosis of the lumbar region, lumbosacral spondylosis and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included oral pain medication and physical therapy. Currently the injured worker complains of low back pain with stiffness and limited rotation. Physical therapy was noted to improve symptoms. Objective examination was notable for tenderness to palpation of L4-L5 and L5-S1. A request for authorization of a home H wave unit was submitted with the goals of reducing pain, reducing the need for oral medications, decreasing muscle spasm and improving functional capacity and circulation. On 01/14/2015, Utilization Review non-certified a request for home H wave device, noting that this device was not likely to significantly alter the clinical outcome and that the use of the unit would represent a single passive physical modality intervention. MTUS guidelines were cited.

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 Electrotherapy H-wave Unit.

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no objective documentation of functional improvement with a previous TENS therapy. Therefore a Home H wave device is not medically necessary.