

Case Number:	CM15-0017523		
Date Assigned:	02/05/2015	Date of Injury:	08/27/2007
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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 53 year old male, who sustained an industrial injury on 8/27/07. The injured worker has ongoing pain, swelling and muscle atrophy injured area. He has had loss of sleep and limited function and mobility. The diagnoses have included radiculitis thoracic/lumbar neuritis. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit; physical therapy and medications. The documentation noted that a 30 day trial of H-wave has shown beneficial results including a decrease in pain and increased function; mobility and range of motion with treatments combined with home exercise program have significantly helped the injured worker. According to the utilization review performed on 1/2/15, the requested Home h-wave device thoracic/lumbar spine has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device thoracic/lumbar spine: 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 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 studies supporting its use in radicular and knee pain. In this case, the patient was provided a free 30 day trial of the H-wave, on July 1, 2014. Even though the patient reported the H-wave helped with his sleep and exercise program, there is no clear evidence of functional improvements or decrease in the intake of pain medication. In addition, there is no documentation that the request of H wave device is prescribed with other pain management strategies. Furthermore, there is no clear evidence for the need of indefinite H wave therapy without periodic control of its efficacy. Therefore a Home H wave device thoracic/lumbar spine is not medically necessary.