

Case Number:	CM15-0121424		
Date Assigned:	07/02/2015	Date of Injury:	03/10/2014
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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, Alabama, 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:

This 57 year old male sustained an industrial injury to the back on 3/10/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, H-wave, home exercise and medications. Documentation did not disclose magnetic resonance imaging. In a progress note dated 5/15/15, the injured worker complained of mid and low back pain with radiation to the left leg, rated 3/10 on the visual analog scale without medications and 1/10 with medications. The injured worker had been using the H-wave mostly for pain flare-ups. The injured worker reported that H-wave reduced his back pain to baseline without him having to use more medications. The injured worker reported that his current medication regimen decreased pain by 50%, allowing him to walk for longer periods of time and sleep better. Physical exam was remarkable for lumbar spine with tenderness to palpation in the lower thoracic and upper lumbar paraspinal musculature bilaterally with muscle spasms, full range of motion, increased pain on flexion, 5/5 bilateral lower extremity strength, intact sensation with decreased sensation in the left big toe and negative bilateral straight leg raise. Current diagnoses included low back pain syndrome, mid back pain, lumbar spine degenerative disc disease and numbness. The treatment plan included requesting authorization for purchase of an H-wave unit, continuing home exercise and continuing medications (Ibuprofen and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device indefinite use Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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 and back pain. 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, the request for H-Wave device indefinite use is not medically necessary.