

Case Number:	CM15-0125401		
Date Assigned:	07/09/2015	Date of Injury:	08/15/2000
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 08/15/2000. He has reported injury to the low back. The diagnoses have included low back pain and sciatic pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, cane, physical therapy, and surgical intervention. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reported significant improvement on H-Wave treatment; and he has undergone a 23-day trial for H-Wave use at home, which was initiated on 04/14/2015. The H-Wave outcome report, dated 05/07/2015, noted that the unit was used for 30-45 minutes six days a week, and the H-Wave unit has helped him more than prior treatment, has given 25% improvement in pain, has given him the ability to perform more activity and greater overall function, and has helped him sleep better. It is noted that the use of the unit has not allowed him to decrease or eliminate the amount of medication he is taking. The treatment plan has included the request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) Not recommended as an isolated intervention, but a one-month home-based trial of H Wave 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 a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.]The clinical documentation for review does not include a one-month trial of H wave therapy with objective measurable improvements. The patient has not had a full month trial. Therefore, criteria for a home unit purchase have not been met and the request is not medically necessary.