

Case Number:	CM15-0069856		
Date Assigned:	04/17/2015	Date of Injury:	06/17/2014
Decision Date:	05/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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:

The injured worker is a 58 year old male, who sustained an industrial injury on 6/17/14. He reported left knee pain. The injured worker was diagnosed as having sciatica and back pain. Treatment to date has included physical therapy, TENS, a home exercise program, and medications. A physician's report noted the injured worker had functional benefit from H wave usage, which was originated on 12/30/14. A MRI of the lumbar spine obtained on 12/3/14 revealed L5-S1 degenerative disk disease with a broad-based protrusion. Bilateral intraforaminal disk protrusions causing impingement on the L5 foraminal nerve root was also noted. Currently, the injured worker complains of low back pain, left knee pain, and right index finger pain. The treating physician requested authorization for home H-wave device purchase/indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE PURCHASE/INDEFINITE USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE.

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 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 Home H-Wave Device purchase/indefinite use is not medically necessary.