MAXIMUS Federal Services

Case Number:	CM15-0073187		
Date Assigned:	04/23/2015	Date of Injury:	01/15/2009
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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 54 year old female, who sustained an industrial injury on 1/15/2009. The current diagnoses are status post lumbar laminectomy, myofascial pain syndrome, opioid type dependence, and medial meniscus tear of the knee. According to the progress report dated 4/6/2015, the injured worker complains of low back and right knee pain. The current medications are Lidoderm patches, Buprenorphine, and Acetaminophen. Treatment to date has included medication management, TENS unit, behavioral therapy, home exercise program, and surgical intervention. The plan of care includes purchase of H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

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 post laminectomy syndrome. 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, H-Wave Device, Purchase is not medically necessary.