

Case Number:	CM15-0078167		
Date Assigned:	04/29/2015	Date of Injury:	10/08/1998
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 10/08/1998. He has reported subsequent back pain and was diagnosed with small to moderate central disc herniation with discogenic disease and bilateral foraminal stenosis of L3-L4, L4-L5 and L5-S1 and discogenic disease at L3-L4 and L4-L5. Treatment to date has included oral pain medication, physical therapy, TENS unit, electrical stimulation and chiropractic therapy. In a progress note dated 03/25/2015, the injured worker complained of slight low back pain. Objective findings were notable for restricted and painful range of motion of the lumbar spine, guarding with motion, hyperextension of the lower back, muscle spasm and positive straight leg raise on the right. A request for authorization of H wave unit of the lumbar spine was submitted.

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: Overturned

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 (HWT) Section Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The patient has previously used the H-wave unit on a trial basis with a reported 40% decrease in pain. Other conservative treatment has included physical therapy, medications and TENS. The request for home H-Wave device purchase is determined to be medically necessary.