

Case Number:	CM15-0079584		
Date Assigned:	04/30/2015	Date of Injury:	04/12/2013
Decision Date:	06/04/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/25/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 50 year old female with an industrial injury dated 04/12/2013. Her diagnoses included lumbar radiculopathy, lumbar myofascial pain, right knee pain and neuropathic pain. Prior treatments included TENS unit, physical therapy, medications, chiropractic, acupuncture and home exercise program. The injured worker complained of chronic low back pain. On 02/13/2015 physical exam noted she had full range of motion of the lumbar spine with some pain and discomfort. She presents on 04/01/2015 after using home H-Wave unit for evaluation purposes from 02/02/2015 to 03/25/2015. The injured worker reported a decrease in the need for oral medication, ability to perform more activity and greater overall function due to the use of the H-Wave device. She also reported a 50% reduction in pain. Other improvements included "walk farther, sleep better, more family interaction, more flexibility, less back stiffness and better range of motion." The injured worker was utilizing the home H Wave 1 time per day, 5 days per week, and 45 minutes per session. Treatment plan included purchase or rental of a home H-Wave unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, inferential therapy.

Decision rationale: ODG supports that H-wave is not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy. As such the medical records provided for review do not support use of the therapy. The request is not medically necessary.