

Case Number:	CM15-0099171		
Date Assigned:	06/01/2015	Date of Injury:	08/14/2014
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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 38 year old male, who sustained an industrial injury on August 14, 2014. The injured worker was diagnosed as having sciatica. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, medication and home exercise program (HEP). A progress note dated May 11, 2015 provides the injured worker complains of undescribed pain and decreased range of motion (ROM). He reports using H-wave therapy and having 60% pain reduction, using less Oxycodone, sleeping better and being able to lift more. The plan 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:

Purchase of H-wave device: Upheld

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

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 treatment (h-wave).

Decision rationale: ODG guidelines support this therapy 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. 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 do not support the purchase of H-wave device. The request is not medically necessary.