

Case Number:	CM14-0050763		
Date Assigned:	06/23/2014	Date of Injury:	04/08/2010
Decision Date:	09/22/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/21/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old male with an industrial injury dated 04-08-2010. His diagnoses included thoracic-lumbosacral neuritis- radiculitis, other unspecified back disorder and pain in soft tissues of limb. Prior treatment included chiropractic therapy, orthopedic referral, back brace, diagnostics, IFC unit and medications. He presents on 01-30-2014 with slight worsening of symptoms since onset. He stated chiropractic therapy did not help and he was awaiting approval for physical therapy. His back brace had been helping somewhat. However he continued to have shooting pains with EMG showing lumbar 4-5 radiculopathy (per provider). He had tried IFC unit in the past which did not help. Physical exam noted the injured worker appeared to be in mild distress due to pain. Spinal tenderness was noted. Range of motion for the lumbar spine was decreased due to pain. The injured worker was off work. The treatment request is for one month trial of home H-Wave device for the lumbar spine (lower back), as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month trial of home H-Wave device for the lumbar spine (lower back), as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT). Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: The California MTUS section on H-wave therapy states: Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The provided medical records meet criteria as cited above and therefore the request is medically necessary.