

Case Number:	CM13-0013497		
Date Assigned:	01/15/2014	Date of Injury:	10/27/2005
Decision Date:	04/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of October 27, 2005. A utilization review determination dated August 8, 2013 recommends non certification of H-wave device purchase for home use. Non certification was recommended due to lack of documentation of conservative care, attempt at using a TENS unit, and evidence-based functional restoration. An H wave request form dated March 8, 2013 has boxes checked indicating that the patient complains of pain, impaired range of motion, and impaired activities of daily living. The diagnosis states chronic low back pain. The treatment plan recommends an H-wave unit 30 day trial. The note states that the patient has previously tried physical therapy, medications, and TENS unit trial. The note states that TENS did not provide lasting relief. An H wave request form dated July 15, 2013 requests H-wave unit for purchase. An H-wave outcome report dated April 3, 2013 indicates that the patient used the H-wave unit for 16 days which helped more than prior treatments. Medication has not been decreased, the device allowed the patient to walk farther, sit longer, sleep better, and have more family interaction. The note indicates that the patient had 30% pain reduction and uses the device 2 times per day for 30 to 45 minutes. A progress report dated March 8, 2013 recommends continuing strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN H-WAVE DEVICE FOR HOME USE, REQUESTED ON 8/1/2013:
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 Transcutaneous Electrotherapy and H-Wave Stimulation (HWT) Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is 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, 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there are boxes checked indicating that the patient has undergone physical therapy and a clinical tens unit trial. However, there is no indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Additionally, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, there is no documentation that the patient has had a successful 30 day H-wave trial with documentation of analgesic response and objective functional improvement. Finally, there is no documentation that the H-Wave device is being used in conjunction with a program of evidence based functional restoration. In the absence of such documentation, the currently requested H wave device is not medically necessary.