

Case Number:	CM13-0013771		
Date Assigned:	10/01/2013	Date of Injury:	11/02/1998
Decision Date:	04/17/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 38-year-old male who reported an injury on 11/02/1998. The mechanism of injury was not provided. The documentation of 06/11/2013 revealed that the patient was trialing an H-Wave device. However, there is a lack of documentation indicating physical therapy and/or exercises and medications had been trialed. On 07/11/2013, the patient was noted to be surveyed and the patient indicated that he was able to walk further, perform more housework, sleep better, and stand longer. The patient was noted to be taking medications. It was indicated that the H-Wave had helped the patient more in the lower back than a TENS unit and medications. The patient indicated that the pain level prior to the use of the H-Wave was 9/10 and the patient indicated that the percent of improvement it gave was 50%. The patient's diagnosis was status post PLIF L5-S1. The request was made for an H-Wave stimulation device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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 clinical documentation submitted for review indicated the patient felt he had improvement of 50%. He was taking the treatments 3 times a day and the patient indicated that the pain level prior to the use of the H-Wave was 9/10. However, there was a lack of documentation indicating the patient's pain post use of the H-Wave. There was an indication the patient could walk further, perform more housework, sleep better, and stand longer. However, there was a lack of documentation indicating the patient's prior objective functional capabilities before the use of the device and quantitative indications regarding what "performing more housework, sleeping better and standing longer" meant. There was a lack of documentation indicating the patient would be utilizing the H-Wave with an exercise program. Given the above, the request for H-WAVE UNIT PURCHASE is not medically necessary.