MAXIMUS Federal Services

Case Number:	CM13-0018908		
Date Assigned:	10/11/2013	Date of Injury:	06/04/2012
Decision Date:	04/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/30/2013

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 55-year-old male who reported a work-related injury on 6/4/12. The mechanism of injury was not provided for review. The patient's diagnosis was sciatica. The patient trialed an H-wave device. The request was made for a home H-wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention; however, a one-month trial may be recommended 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 TENS. The clinical documentation indicated that after initial treatment with the H-wave device, the patient's pain level dropped from 7/10 to 4/10 for a 43% improvement. The patient improved from a 4/10 to a

3/10 or 25% in range of motion and/or function. The patient indicated that he felt less pain. There was a lack of documentation of objective functional benefit that was received with the H-wave device and that the patient would be using the H-wave as an adjunct therapy. Given the above, the request for home H-wave device purchase is not medically necessary.