

Case Number:	CM13-0019132		
Date Assigned:	11/22/2013	Date of Injury:	09/12/2011
Decision Date:	02/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pulmonary Diseases 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 physician 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 42-year-old male who reported an injury on 09/12/2011. The patient reportedly had a fall while conducting his services as a school bus driver, subsequently injuring his lower back and proximal leg with accompanying paresthesias. The patient had an undated MRI of the lumbar spine and an EMG of the leg, both which were unremarkable. The documentation dated 08/26/2013 noted the patient has had complaints of continued 8/10 pain at the affected areas on a daily basis. He also has sporadic tingling and numbness reported at the posterior aspect of the legs. On the documentation dated 06/18/2013, the patient had been utilizing an H-wave device for 21 days. At that time, the patient stated that the H-wave had helped him more than prior treatments. Other treatment modalities were noted as physical therapy and chiropractic and acupuncture treatments. Documentation dated 10/11/2013, noted the patient had been using an H-wave device for 136 days. At that time, he stated that his pain before the use of an H-wave was a 9/10. The physician is now requesting H-wave home unit for the patient's back and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE HOME UNIT FOR BACK AND KNEE: 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 H-Wave stimulation(HWT) Page(s): 117.

Decision rationale: H-wave stimulation devices are not recommended as an isolated intervention, but a 1 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, i.e., exercise and medications, plus transcutaneous electrical nerve stimulation. The patient has stated that he has used the H-wave device for 136 days as of 10/11/2013. On this documentation, it notes that the patient's pain level prior to the use of the H-wave was a 9/10 with the H-wave giving him a 60% pain relief. Prior to that, the patient stated that before using the H-wave device, his pain level was an 8/10 and afterwards the device gave him a 40% improvement with use. The patient is now beyond the 1 month home based trial limit, the patient did note that his pain level had dropped from a 7/10 to 6/10 for a 14% improvement as of 07/22/2013. Although this was an improvement from the previous month of a 40% improvement, the patient's pain scale did climb back up to a 9/10 on 10/11/2013 which seems to contraindicate the effectiveness of the use of an H-wave stimulating device. As such, at this time, the medical necessity for the ongoing use of an H-wave home unit for the back and knee cannot be established. As such, the requested service is non-certified.