

Case Number:	CM13-0026640		
Date Assigned:	12/11/2013	Date of Injury:	05/06/2010
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 52 YO, M with a date of injury on 5/6/10. Per [REDACTED], the patient's diagnoses include: chronic pain syndrome; multilevel cervical and lumbar discogenic disease with right leg radiculopathy; cervical discogenic disease with upper extremity radiculitis; s/p bilateral knee arthroscopy for meniscal tears. The progress report, dated 5/23/13 by [REDACTED], noted that the patient continues to complain of pain, is experiencing chronic soft tissue inflammation and has already trialed other forms of conservative treatment including physical therapy, medications and TENS. The patient then completed a 30 day trial of H-wave treatment. The progress report, dated 8/20/13, noted that the patient reported that his pain level dropped from 8/10 to a 6/10, and he experienced improved ROM and function with the H-wave treatment. A request was made for the purchase of an H-wave device for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): s 117-118.

Decision rationale: The progress report, dated 5/23/13 by [REDACTED], noted that the patient continues to complain of pain, is experiencing chronic soft tissue inflammation and has already trialed other forms of conservative treatment including physical therapy, medications and TENS. The patient then completed a 30 day trial of H-wave treatment. It was noted that the patient was taking Naproxen and Hydrocodone for pain control and reported his average pain at 7-8/10. The progress report, dated 8/20/13, noted that the patient reported that his pain level dropped from 8/10 to a 6/10, and he experienced improved ROM and function with the H-wave treatment. A request was made for purchase of an H-wave device for home use. The patient's compliance and outcomes report, dated 8/26/13, noted that the patient reported 70% improvement and the 11/21/13 outcomes report indicated a 30% improvement, which is the same as placebo. MTUS pg. 117, 118 supports a one-month home-based trial of H-Wave treatment 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 (TENS). It appears that the patient had some amount of benefit from the H-wave home trial. However the treating provider does not provide documentation of significant improvement in ADLs or a decrease in dependence on continued medical treatment, such as a return to work; improved ability to perform household chores or increased exercise capacity; less medication use (by how much); or avoidance of surgery. General statements are not sufficient to establish evidence for a significant functional improvement. Recommendation is for denial.