

Case Number:	CM13-0030082		
Date Assigned:	11/27/2013	Date of Injury:	05/20/2010
Decision Date:	02/13/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 30-year-old male who reported a work related injury on 05/20/2010, specific mechanism of injury not stated. The patient is subsequently status post a lumbar fusion at the L5-S1 as of 10/29/2012. An H-wave report dated 08/13/2013 reports the patient stated H-wave helped him the same as prior to treatment. The clinical note documented the patient had utilized physical therapy, medications, and electrical stimulation. The clinical note documented the patient had decreased medication use as a result of utilizing an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device (three (3) month rental): 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 Page(s): 118.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence objective functional improvements as a result of the patient utilizing an H-wave. In addition, the clinical notes documented the patient utilized a TENS unit while in physical therapy; however, a trial of this modality was not implemented for the patient's

utilization independently at home. California MTUS indicates H-wave stimulation is 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 to include recommended physical therapy, medications, plus transcutaneous electrical nerve stimulation. Given the lack of documentation submitted evidencing a recent physical exam of the patient to support decrease in rate of pain on a Visual Analog Scale with decreased medication regimen, as well as an increase in objective functionality as the result of utilizing this requested DME, the request for home H-wave device (3 month rental) is not medically necessary or appropriate.