Case Number:	CM13-0034354		
Date Assigned:	12/06/2013	**Date of Injury:**	01/16/2013
Decision Date:	02/13/2014	**UR Denial Date:**	09/30/2013
Priority:	Standard	**Application Received:**	10/15/2013

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 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:

This 54 year-old female sustained an injury after she demonstrated a hold when she slipped and fell on 1/16/13 while employed by [redacted]. Request under consideration include H-Wave Unit Purchase for Lumbar Spine. Diagnoses include lumbar region sprain; benign hypertension; lumbosacral spondylosis; obesity; sprain of neck; cervical spondylosis; lumbago; atherosclerosis. A trial of H-wave unit was authorized on 8/13/13 with current note dated 9/12/13 requesting for H-wave unit purchase. Report from [redacted] noted same checked boxes indicating same complaints of pain and exhibition of impaired ADL (no specifics provided). Per survey taken by the patient, she reported decrease in need for oral medication; ability to perform more activity and greater overall function with use of H-wave. Request for purchase was non-certified on 9/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit Purchase for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. Multiple abstract publications for H-wave device were provided. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in Activities Of Daily Living (ADL)'s have not been demonstrated. On report of 9/12/13 from [redacted], the patient still exhibited pain and impaired ADLs under the checked boxes for subjective complaints. There is no documented failed trial of TENS unit nor any indication the patient has a home exercise program for adjunctive exercise towards a functional restoration approach per submitted report by [redacted] and the patient's work status is repeatedly not mentioned. The H-Wave Unit is not medically necessary and appropriate.