

Case Number:	CM13-0043394		
Date Assigned:	12/27/2013	Date of Injury:	02/01/1998
Decision Date:	02/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 Pain Management 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 is a female patient with a date of injury of February 1, 1988. A utilization review determination dated September 23, 2013 recommends noncertification of H wave device. An appeal letter dated October 11, 2013 indicates that the goal of the H wave unit is functional restoration. The note goes on to state that the "patient has stated that the device has positively helped." The note goes on to request a 30 day trial period. A form letter dated September 5, 2013 for H-wave request does not have boxes checked indicating that the patient has had a clinical or home trial of tens unit, or undergone conservative treatment such as physical therapy. The letter is signed by the requesting physician. A home electrotherapy request dated September 13, 2013 indicates that the patient has undergone physical therapy and has undergone a tens unit trial for 3 to 6 months which did not provide benefit. The note is signed by the patient. A progress report dated July 18, 2013 includes subjective complaints indicating that therapy was helpful when she was attending. The note indicates that the patient has low back pain radiating into the right buttock and into the right thigh. The note indicates that she has some difficulty with activities of daily living including housekeeping, laundry, mopping, and sometimes bathing. Objective examination findings identifies that the patient lacks 8 inches from touching her toes. Treatment plan recommends massage therapy, and exercise/strengthening program. Guidelines also recommend ongoing use of medications. The requesting physician is awaiting authorization for lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month trail H-Wave Devise (Cypress Care): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127..

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there are boxes checked indicating that the patient has undergone physical therapy and a clinical tens unit trial. However, there is no indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Additionally, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by guidelines. There is no physician statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, it is unclear whether the patient has already had an H wave trial. The appeal letter dated October 11, 2013 indicates that "the device positively helps." If there has been an H wave trial, there is no documentation of specific analgesic response (in terms of percent reduction in pain or reduced NRS) and specific objective functional improvement. In the absence of such documentation, the currently requested H wave device is not medically necessary.