

Case Number:	CM13-0047003		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2010
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation ; Pain Management 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 expert 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 41 year old male with an injury date on 10/02/10. Based on the 10/09/13 progress report provided by [REDACTED] the patient's diagnosis include chronic back pain secondary to disc herniation, anxiety and depression, insomnia, worsening of asthma, history of pulmonary nodule, and decreased libido. [REDACTED] is requesting the purchase of a home H-wave device. The utilization review determination being challenged is dated 10/23/13 and recommends denial of the purchase of a home H-wave device. [REDACTED] is the requesting provider, and he provided treatment reports from 03/29/13- 10/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE 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 WAVE STIMULATION(HWT), Page(s): 117-118.

Decision rationale: According to the 10/09/13 progress report provided by [REDACTED], the patient presents with chronic back pain secondary to disc herniation, anxiety and depression,

insomnia, worsening of asthma, history of pulmonary nodule, and decreased libido. The request is for a home H-wave device purchase. Per 03/27/13 progress report, [REDACTED] requested for 30-day trial of H-wave unit and by 8/14/14 report, [REDACTED] states that after one initial treatment with the home H-wave resulted in increased ROM and function. The request now is for purchase of home H-wave device. The utilization review letter from 10/23/10 denied the request stating, "there is no indication this patient is working, there is no mention of a prior trial of TENS, there is no mention that previous H-wave use resulted in objective functional improvement." 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 is currently using TENS with some benefit. The treater does not explain why a H-wave unit is required when the patient has not failed TENS use. MTUS does not allow H-wave trial unless the patient fails TENS unit. The request is not certified.