

Case Number:	CM13-0048823		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2011
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old male with a date of injury of 8/27/2011. Under consideration is the prospective request for 1 H-wave system purchase. Per documentation patient has tried a TENS unit which did not help. Documentation submitted reveals patient has had chronic low back and neck pain. There was documentation that he had an H wave unit trial for 9 days and a survey done after this trial revealed patient has relief from the H wave unit over chiropractic and electrical stim treatment. it was noted that the unit has helped more than prior treatment (electrical stimulation, chiropractic), Patient able to take 1 less pill, and able to walk farther, sit longer. His pain was 10/10 before use and was reduced by 20% with use, performing 2 treatments/day for 30-45 minutes, 7 days/week . Prior UR 10/31/13 denied the H wave unit. This issue is being addressed here again.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave system: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines H wave stimulation Page(s): 7, 118.

Decision rationale: H-Wave system: is not recommended per MTUS guidelines. Per guidelines "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 transcutaneous electrical nerve stimulation (TENS)."

Documentation revealed does not indicate any adjunct program of evidence based restoration planned in conjunction, any significant reduction in medication prescriptions, nor any significant increase in functional improvement after a 9 day trial with the H wave. The H unit therefore the H wave system is not medically appropriate or necessary.