

Case Number:	CM13-0056575		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2012
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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 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:

This is a patient with a date of injury of 7/16/12. A utilization review determination dated 10/22/13 recommends non-certification of H-Wave trial x 30 days. 9/27/13 progress report addendum identifies with a checkmark that PT, medications, and a clinical or home trial of TENS has been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF A HOME H-WAVE DEVICE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section Page(s): 114 and 117-118.

Decision rationale: Regarding the request for 30-day trial of a home H-wave device, CA MTUS Chronic Pain Medical Treatment Guidelines 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 is documentation that the patient has tried "PT and/or exercise," medications, and a TENS unit. However, it does not clearly identify a supported indication for TENS as noted above, nor does it provide details of the TENS trial including how often the unit was used and the patient's response in terms of pain relief, functional improvement, medication usage, etc. In light of the above issues, the currently requested 30-day trial of a home H-wave device is not medically necessary.