MAXIMUS Federal Services

Case Number:	CM13-0061915		
Date Assigned:	12/30/2013	Date of Injury:	04/18/2011
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 & 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:

The injured worker is a 43-year-old male who reported an injury on 04/18/2011. The mechanism of injury was not provided. The documentation of 10/23/2013 revealed subjective complaints and objective findings. The injured worker complained of pain and exhibited impaired activities of daily living. The request was made for 3 months of an H-wave. The rationale included that the injured worker had reported a decrease in the need for oral medications due to the use of the H-wave device and had reported an ability to perform more activities and greater overall function due to the use of the Hwave device. The injured worker indicated that he was very pleased with how the Hwave worked in such a short time; and he felt that with constant use, it could make a difference. The injured worker used the unit twice a day for 30 to 45 minutes. The injured worker gave it a trial for 16 days. Other treatments that were used prior to the H-wave were physical therapy, medications and chiropractic care. The injured worker indicated that he had a 10% improvement of pain. The diagnosis included Lumbar Intervertebral Disc syndrome, Lumbar Neuritis, and Lumber DJD/DDD. The treatment plan included the use of a home H-Wave unit for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE UNIT TIMES THREE MONTHS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRANSCUTANEOUS ELECTROTHERAPY, H-WAVE Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, however, do recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). The clinical documentation submitted for review indicated that the injured worker trialed the H-wave for 16 days. The recommended trial of the device is one month. The clinical documentation submitted for review indicated that the injured worker did not trial a TENS unit due to a lack of neuropathic pain. However, according to the California MTUS Guidelines, there must be documentation of the failure of initially recommended conservative care, including physical therapy, medications and a TENS unit. Given the above, the request for a home H-wave unit times 3 months for the lumbar spine is not medically necessary.