MAXIMUS Federal Services

Case Number:	CM13-0065159		
Date Assigned:	06/09/2014	Date of Injury:	02/02/2012
Decision Date:	11/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine and is licensed to practice in Virginia and Washington DC. 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 42-year-old patient who sustained injury on February 2, 2012. She had issues with back pain and was diagnosed with cervical disc degeneration and lumbosacral disc degeneration. She had issues with regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. She was prescribed flector and instructed to use and H-wave and cervical traction machine by [redacted] on October 29, 2013.

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): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information's PubMed Database (http://www.ncbi.nlm.nih.gov/pubmed)

Decision rationale: The ACOEM Practice Guidelines and the California MTUS Guidelines do not specifically address this device, therefore alternate guidelines were sought. Studies have found that a moderate to strong effect of the H-Wave device in providing pain relief, reducing the requirement for pain medication and increasing functionality. The most robust effect was

observed for improved functionality, suggesting that the H-Wave device may facilitate a quicker return to work and other related daily activities. Based on the clinical documentation provided, this would be indicated. Therefore, the request is medically necessary.