

Case Number:	CM13-0065609		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2011
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine 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 has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of 01/18/2011. Treatment to date has included physical therapy, TENS, H-wave unit, and unspecified medications. An appeal letter, dated 02/27/2014, stated that H-wave helped managed patient's pain and that the required document reflecting a prior trial of TENS has been attached to the medical records. The patient reported a decrease in back pain by 50% since usage of H-wave. He stated that he was able to walk farther, sit longer, sleep better, stand longer and participate more in family interaction attributed to the use of H-wave unit as cited in H-wave Patient Compliance and Outcome Report dated 11/04/2013. Medical records from 2013 to 2014 were reviewed showing that patient complained of back pain and exhibited impairment in activities of daily living. There was no documented physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave therapy 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 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). In this case, patient already underwent TENS treatment and was reported to be ineffective. The patient has already used H-wave unit for 140 days and reported to have 50% decrease in pain and was able to walk farther, sit longer, sleep better, stand longer and participate more in family interaction as cited in H-wave Patient Compliance and Outcome Report. However, there was no recent progress report available that would document objective findings that can manifest this improvement. The patient also attended physical therapy, however, it is unclear due to lack of documentation whether the patient completed the therapy sessions or if she failed a trial of physical therapy. Furthermore, there was no evidence that the patient was still continuing self-exercises at home which is the recommendation as an adjunct to H-wave treatment. There is no documentation of a short-term and long-term treatment plan from the physician. Therefore, the request for home H-wave device for purchase is not medically necessary.