

Case Number:	CM13-0068720		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2005
Decision Date:	05/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 4/11/05. A 12/3/13 medical report identifies pain at 4/10 with medications and 8/10 without. H-Wave has been helping. On exam, straight leg raise is positive on the right, and the right hip flexors and ankle dorsiflexors are graded 4/5 for strength and limited by pain. There is decreased light touch throughout the right lower extremity. A 7/23/13 report in Spanish and a 12/4/13 report in English, both apparently reflecting the patient's comments, note failure of a trial of TENS, an improvement in pain, decreased medication use, and functional improvement with H-Wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A H-WAVE UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

Decision rationale: Regarding the request for the purchase of an H-wave unit, the California 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 no clear documentation of a condition for which H-Wave therapy is supported. Additionally, while there is a notation that a TENS home trial has failed, there is no clear indication of completion of at least a one-month trial of TENS, to include how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period including medication usage. In the absence of such documentation, the currently requested purchase of an H-wave unit is not medically necessary.