

Case Number:	CM14-0001298		
Date Assigned:	01/22/2014	Date of Injury:	04/17/2009
Decision Date:	06/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 injured worker is a 59-year-old male who reported an injury on 04/17/2009. The mechanism of injury was not specifically stated. Current diagnoses include bilateral neuropathic upper extremity pain, status post 2 surgical interventions, cervical postlaminectomy pain syndrome, lumbar spine sprain/strain with discogenic disease, posttraumatic postsurgical pain syndrome, gastrointestinal upset, stress, sleep disorder, sexual dysfunction, endocrine disorder secondary to opioid use, and depression. The injured worker was evaluated on 09/20/2013. Physical examination revealed mild distress. Treatment recommendations at that time included an H-wave unit for a 30-day trial. A Request for Authorization was then submitted on 11/25/2013 for a 3-month rental of an H-wave home care system. According to The Patient Compliance and Outcome Report submitted on 11/22/2013, the injured worker reported 10% improvement following utilization of the H-wave device with 7/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE STIMULATOR FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1-month home-based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, there was no evidence of a failure to respond to conservative treatment including physical therapy and TENS therapy. Additionally, the injured worker reported 7/10 pain with only 10% improvement following an initial 30-day trial with the H-wave device. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary or appropriate.