

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0005364 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 09/23/2003 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 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 is a 64-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of September 23, 2003. Medical records from 2012 through 2014 were reviewed. A trial of 619 days of home H-wave therapy was finished. The progress report, dated 12/06/2013, showed improvement with performance of daily activities, associated with little or less pain. Without the H-wave therapy, there was worsening of pain and difficulty with everyday activities. Physical examination revealed paraspinal myospasm in the lumbar region with limited range of motion of the lumbar area. Treatment to date has included H-wave therapy (03/23/2012 to 12/02/2013), chiropractic therapy, myofascial release, physical therapy, TENS, and medications. Utilization review from January 8, 2014 denied the request for the purchase of Home H-Wave unit because the medical records did not document the prerequisite failure of trial of recommended conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE UNIT FOR PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- H-WAVE STIMULATION (HWT), , 171-172

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

Decision rationale: According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the H-wave therapy is not recommended as an isolated intervention, but it may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care. This includes physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, patient underwent physical therapy, and use of a TENS unit prior initiating H-wave therapy. He completed 619 days of H-Wave therapy since 03/23/2012 to 12/02/2013, which served as an adjunct to chiropractic therapy since 2012. He was able to perform his daily activities with less pain upon its use. Guideline criteria were met. Therefore, the request for purchase of Home H-Wave unit is medically necessary.