

Case Number:	CM14-0009102		
Date Assigned:	02/12/2014	Date of Injury:	01/05/2013
Decision Date:	07/21/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine & Rehabilitation 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 46-year old male with a 1/5/13 date of injury. 12/30/13 progress report indicates moderate low back pain. Physical exam demonstrates limited lumbar flexion/extension, lumbar tenderness. 12/23/13 progress report addendum indicates non-specific pain and impaired activities of daily living. 12/31/13 patient outcome report indicates that the patient reports that the H-wave unit has helped him more than other treatment. Apparently, he was using the unit for 90 days. The patient reported 40% improvement in pain complaints and ability to walk farther and stand longer. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, acupuncture and physical therapy, medication and activity modification. There is documentation of a previous 1/8/14 adverse determination for lack of objective physical examination findings; lack of objective outcome measures of the TENS trial, and lack of H-wave therapy to be employed as an adjunct to a method of functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

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

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, while a patient outcome report indicates that the patient has had previous attempts at TENS and physical therapy, specific outcomes were not assessed. The patient outcome report is not corroborated by a medical report from the requesting provider. There remains no evidence that H-wave will be employed as an adjunct to an additional method of evidence-based functional restoration. It is also noted that the patient has used an H-wave unit for 90 days, exceeding recommendations for a trial that should commence at 30 days. Therefore, the request for a home H-Wave device was not medically necessary.