

Case Number:	CM14-0009448		
Date Assigned:	02/14/2014	Date of Injury:	05/24/2012
Decision Date:	08/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/24/2014

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:

This is 43-year-old male patient with a 5/24/12 date of injury. Medical records from 2012, 2013, and 2014 were reviewed, indicating distant low back pain complaints. A 5/22/13 letter of reconsideration indicates that the purpose of the prescribed H-wave unit is to reduce inflammation and accelerate healing. A 6/11/13 progress report indicates persistent low back pain. Physical exam demonstrates lumbar tenderness and trigger points with twitch response as unremarkable lower extremity neurologic findings. A 12/4/14 H-wave outcome report indicates that the patient reports increased daily activities, and 40% improvement in perceived pain. Treatment to date has included medication, physical therapy, activity modification, lumbar epidural steroid injection, and home exercise program. There is documentation of a previous 12/26/14 adverse determination for lack of trial of a TENS unit, unremarkable range of motion and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE, PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-172.

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

Decision rationale: The MTUS Chronic Pain Guidelines 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, there remains no evidence that the patient has failed an appropriate TENS trial. While it appears that the patient has previously used an H-wave unit for almost 200 days, there are only reported subjective benefits with no corroborating evidence from the requesting physician. It is unclear how the patient could have used the H-wave unit for 200 days when a trial is normally for 30 days and there were no previous provisions for extended rental. Therefore, the request is not medically necessary and appropriate.