

Case Number:	CM14-0105942		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2011
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/09/2014

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 Internal 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 injured worker is a 60 year old male who was injured on 04/20/11. The mechanism of injury is not described. The records submitted for review specifically address the injured worker's use of an H-wave device. There are no clinical notes submitted which specifically discuss the injured worker's subjective complaints, treatment history or physical examination findings. A Home Electrotherapy Recommendation and History note dated 04/03/14 indicates the injured worker has attempted medications, physical therapy and the use of a TENS unit. The injured worker's response to medications and physical therapy is not described. It is noted the TENS was attempted for 7 months and did not provide adequate relief/benefit. A handwritten note states, "was not strong enough, need a stronger device to take away pain." A Home H-wave device is suggested to address low back complaints on this date. Records indicate use of the device was initiated on 05/1/14. It is noted the initial use reduced the injured worker's pain from an 8/10 to a 6/10. An H-Wave Compliance and Outcome Report dated 05/14/14 indicates the injured worker had used the device for 13 days at a rate of twice per day, seven days per week, 30-45 minutes per session. The injured worker reports 20% relief and notes better sleep. The injured worker does not report a decrease in the need for medications. Purchase of a Home H-Wave device is requested on 06/09/14 and is subsequently denied by Utilization Review dated 06/18/14 citing a lack of significant reported benefit and lack of evidence that the device is used in conjunction with a program of evidence-based functional restoration. An appeal letter with no date is submitted for review and states the injured worker has obtained a 35% improvement in pain levels after using the H-Wave device. A second H-Wave Compliance and Outcome Report, dated 06/27/14, is submitted for review and notes the injured worker has decreased medications with the use of the device and reports a 35% improvement with use. This form notes the injured

worker is able to walk farther, sit and stand longer, sleep better, complete his home exercise program and work harder with the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase- Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation, H-wave stimulation (HWT) Page(s): 117-118 of 127.

Decision rationale: The request for Home H-Wave device purchase- lumbar spine is not considered as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state the use of an H-Wave device that exceeds a 30 day trial should be justified by documentation. The documentation submitted for review notes that the injured worker did not obtain more than 35% pain relief despite having used the device for 57 days. Guidelines indicate H-Wave devices are to be used as an adjunct to ongoing treatment modalities within a functional restoration approach. Records do not indicate the injured worker is using the device in combination with an evidence-based program for functional restoration. MTUS further states, "H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time." Based on the clinical information submitted for review and the applicable guidelines, the request for home H-Wave device purchase- lumbar spine is not medically necessary.