

Case Number:	CM14-0107695		
Date Assigned:	08/01/2014	Date of Injury:	11/14/2013
Decision Date:	09/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 and Rehabilitation and is licensed to practice in Arizona. 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 53-year-old male who suffered a work-related injury on 11/14/2013 when he fell off a scaffold suffering injuries to his neck and back and fractured ribs. Subsequently a CT scan of the spine exhibited degenerative changes in the cervical and lumbar area. MRI of the spine also showed similar findings and several areas of disc bulging. Subsequent complaints were neck and back pain as well as pain in the chest and rib cage area. He received pain medications as well as physical therapy including transcutaneous electric nerve stimulation (TENS) unit. He also received an epidural injection. In April, 2014, H-Wave device was recommended; subsequently it was used for one month at home. Evaluation following one month's use of this device revealed that the patient subjectively reported 40% improvement in pain. He also reported improvement in his sleep pattern. Purchase of the H-Wave stimulation device was denied and not certified by the independent reviewer on 5/13/2014.

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: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend this as an isolated intervention. A one-month trial may be considered as an option for diabetic neuropathy and chronic soft tissue inflammation as an adjunct to a program of evidence-based functional restoration, following failure of initially recommended conservative care including physical therapy, exercise and medication and TENS unit. Retrospective studies have shown some benefit. Blood flow and muscle spasms may improve, but more definitive perspective studies are being pursued. Therefore based on the available evidence, this device is not recommended for purchase. As such, the request is not medically necessary.