

Case Number:	CM14-0011579		
Date Assigned:	02/21/2014	Date of Injury:	11/09/2006
Decision Date:	06/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 32-year-old female who has submitted a claim for osteitis pubis associated with an industrial injury date of November 9, 2006. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back and pubic pain graded 6/10 that was aggravated by normal movements. Physical examination showed tenderness and paraspinal muscle spasm over the pubic and lumbar regions. Treatment to date has included NSAIDs, opioids, muscle relaxants, analgesic creams, bracing, cortisone injection, physical therapy, and surgery (ORIF of symphysis pubis, closed reduction and percutaneous fixation of right and left unstable sacroiliac joint (1/22/14). Utilization review from January 27, 2014 denied the request for H-wave device due to lack of documentation of failure of prior conservative measures attempted, lack of clinical trial of this modality, and unclear request whether the device needed is for rental or purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Device..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 117-118.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines pages 117-118, H-wave therapy is not recommended as an isolated intervention, but a one-month home based trial H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, H-wave was prescribed to help decrease the patient's pain locally by increasing angiogenesis and decreasing inflammation. Progress reports revealed that the patients symptoms were stable; no reports of acute exacerbations were noted. There were no reports of failure of oral pain medications, physical therapy, and TENS unit. Documentation of H-wave trial and success are lacking. In addition, the request did not indicate whether the H-wave unit is for rental or purchase. Therefore, the request for H-wave device is not medically necessary.