

Case Number:	CM14-0111372		
Date Assigned:	08/04/2014	Date of Injury:	01/08/2013
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 Preventive 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:

According to the records made available for review, this is a 32-year-old female with a 1/8/13 date of injury. At the time (6/27/14) of request for authorization for Home H-Wave device for purchase per 06/16/2014 QTY: 1, there is documentation of subjective (pain, impaired activities of daily living; chronic pain in the lumbar spine) and objective (mild swelling of L4-5 region, restricted range of motion, paravertebral muscle tenderness, spinous process tenderness, positive lumbar facet loading) findings, current diagnoses (acquired spondylolisthesis/facet arthropathy), and treatment to date (physical therapy, chiropractic, medications, activity modification, and TENS). 6/16/14 medical report identifies that the patient reported the ability to perform more activity and greater function due to the use of H-wave device, and a 50% reduction in pain. In addition, 6/16/14 medical report identifies that the patient utilizes the H-wave 1 time per day, 7 days per week, 30-45 minutes per sessions. There is no documentation that the trial was done as an adjunct to ongoing treatment modalities within a functional restoration approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for purchase per 06/16/2014 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Transcutaneous electrotherapy Page(s): 114, 117. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of acquired spondylolisthesis/facet arthropathy. In addition, there is documentation of an H-wave trial with reported improvement and how often the unit was used. However, there is no documentation that the trial was done as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore, based on guidelines and a review of the evidence, the request for Home H-Wave device for purchase is not medically necessary.