

Case Number:	CM14-0154831		
Date Assigned:	09/24/2014	Date of Injury:	04/29/2014
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 35-year-old female with date of injury of 04/29/2014. The listed diagnoses per [REDACTED] from 08/08/2014 are: 1. Right leg contusion/strain. 2. Lumbar/pelvic strain. According to this handwritten report, the patient complains of lumbar, hip, and right leg persistent severe pain. The patient is taking tramadol as needed, but states that it does not help with pain. She is using a home H-wave device which helps with pain and sleep. The patient complains of poor balance. Physical therapy 1 time a week does not help. The objective findings showed low back and SI joints are moderately tender. No other findings were noted on this report. The utilization review denied the request on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase: Upheld

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

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

Decision rationale: This patient presents with lumbar spine, hip and right leg pain. The treater is requesting a H-Wave device for purchase. The MTUS Guidelines page 117 to 118 supports a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, and TENS. The report from 07/11/2014 notes that the patient has failed a TENS unit, the 08/22/2014 report documents that the patient has trialed an H-wave device from 07/11/2014 to 08/02/2014 and states, "patient has reported the ability to perform more activity in greater overall function due to the use of the H-wave device." The patient also states, "Since using the H-wave, I can sleep more (3 to 4 hours at a time)." She is utilizing the home H-wave 3 times per day 7 days per week 30 to 40 minutes per session. The 09/05/2014 report notes that the patient is still having severe pain on the lower back and right leg. The patient was also prescribed tramadol in this report. In this case, while the treater notes on 08/22/2014 that the patient decreased her oral medication use, the report on 09/05/2014 showed that the patient continues to require tramadol use. Furthermore, there is no significant improvement in pain level and no documentation of decreased medications. The request is not medically necessary.