

Case Number:	CM14-0165203		
Date Assigned:	10/10/2014	Date of Injury:	06/03/2003
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Illinois. 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 California MTUS Guidelines do not recommend H-Wave stimulation as an isolated intervention; however, it is recommended for a 1 month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and following failure of initially recommended conservative care, including physical therapy, medications, and a TENS unit. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit. There was, however, a lack of documentation indicating the duration of use. There was a lack of documentation of an objective decrease in pain. Given the above, the request for purchase H-wave stimulation QTY: 1.00 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase H wave stimulation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPG Functional-Functional improvement measures Page(s): 117-118.

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

Decision rationale: The California MTUS Guidelines do not recommend H-Wave stimulation as an isolated intervention; however, it is recommended for a 1 month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and following failure of initially recommended conservative care, including physical therapy, medications, and a TENS unit. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit. There was, however, a lack of documentation indicating the duration of use. There was a lack of documentation of an objective decrease in pain. Given the above, the request for purchase H-wave stimulation QTY: 1.00 is not medically necessary.