

Case Number:	CM14-0167159		
Date Assigned:	10/14/2014	Date of Injury:	12/27/2010
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/27/10. A utilization review determination dated 9/8/14 recommends non-certification of H-Wave purchase. 8/19/14 medical/chiropractic report identifies pain and nonspecific impaired ADLs (activities of daily living). Patient was noted to have pain relief and increased function with use of H-Wave. Patient tried TENS in 2013 without adequate relief/benefit.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave purchase, Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or 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. Within the documentation available for review, while there is mention that H-Wave provided pain relief and functional benefit while TENS did not provide adequate relief, there is no clear indication that the patient has failed a one-month TENS trial as recommended by the CA MTUS, including specific documentation of how frequently the TENS unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period including medication usage. Without documentation of failure of an adequate TENS trial, there is no clear indication for H-Wave use. In light of the above issues, the currently requested H-Wave purchase is not medically necessary.