

Case Number:	CM14-0167600		
Date Assigned:	10/14/2014	Date of Injury:	01/29/2010
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
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 1/29/10. A utilization review determination dated 9/22/14 recommends non-certification of H-Wave unit purchase. It noted that, during the H-Wave trial, there was noted to be decreased medication use, although this was not quantified and the medications were not identified. Additionally, there was no indication of any improvement in ROM (range of motion) or function and the provider was unable to provide any evidence of functional improvement in the teleconference. The 10/4/14 medical report identifies functional improvement during the trial with increased mobility and ROM, ability to sleep better, and participate more in everyday activities. He has been able to walk further and keep up with his home exercise program since using the device. He has been able to attend his grandson's soccer games for the first time since the injury. Morphine 5 mg has been reduced from twice to once a day and use of Valium for muscle spasms has significantly decreased. An undated medical report notes that the patient failed conservative care with the TENS unit, physical therapy (PT), and medications alone. He trialed TENS from 2010 to the present in his home without objective improvement or meaningful subjective relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Home H-wave Unit for the lumbar spine: Overturned

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 Transcutaneous electrotherapy Page(s): 114 and 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to 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 (TENS). Within the documentation available for review, the provider noted that the patient has failed prior treatment with PT, medications, and TENS use since 2010. A trial of H-Wave was accompanied by increased mobility and ROM and the ability to sleep better and participate more in everyday activities. He has been able to walk further and keep up with his home exercise program since using the device. He has been able to attend his grandson's soccer games for the first time since the injury. Morphine 5 mg has been reduced from twice to once a day and use of Valium for muscle spasms has significantly decreased. In light of the above, the currently requested H-wave unit is medically necessary.