

Case Number:	CM14-0184045		
Date Assigned:	11/10/2014	Date of Injury:	09/08/2012
Decision Date:	12/18/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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:

Injured worker is a male with date of injury 9/8/2012. Per primary treating physician's narrative report dated 10/6/2014, the injured worker complains of pain and exhibits impaired activities of daily living. The injured worker utilized home H-Wave at no cost for evaluation purposes from 8/27/2014 to 9/14/2014. The injured worker reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. He has reported after use of the H-Wave device a 60% reduction in pain. He is utilizing the H-Wave device two times per day, seven days per week, for less than 30 minutes per session. No examination is reported. Diagnosis is lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave device for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48, 87-88, 91, Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117, 98.

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

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The H-Wave survey dated 9/14/2014 indicates that the H-Wave did not allow the injured worker to reduce medication use. The H-Wave was used for less than 30 minutes per session, while the prescribed use was 30-60 minutes. There is no functional improvement reported in terms of actual increased activity, and no physical exam was reported that showed objective improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for purchase of H-wave device for home use is not medically necessary.