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| Case Number: | CM14-0024361 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 12/06/2010 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 43-year-old male diagnosed with lumbago following a work-related injury on 12/06/2010. The mechanism of injury was not described. A request for a home H-wave unit one-month rental was non-certified at utilization review on 02/25/14, noting there was no documentation regarding the claimant's current complaints are objective findings. There was no documentation of a failed trial of transcutaneous electrical nerve stimulation (TENS) unit or other conservative care including therapy, exercise, medications, etc. There is a request for authorization form (not dated) with boxes checked including patient complains of pain, exhibits impaired range of motion, and exhibits impaired activities of daily living and has failed a trial of TENS, physical therapy and/or exercise, and medications. There is a H-Wave patient compliance outcome report dated 02/07/14 indicating the patient underwent a 14 day trial and reported decreased medication use since (not described or quantified) and reported ability to sit longer and stand longer (not quantified). The patient reported pain levels/loss of function prior to use of H-wave at 6/10 and reported 30% improvement with use. The patient reported less numbness in the legs. There is a H-Wave patient compliance outcome report dated 5/21/14 noting the patient had a trial for 117 days of use, reporting eliminated medications, able to walk farther, sit longer, sleep better, and stand longer. Pain level prior to use was rated at 7/10 and the patient reported a 40% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE UNIT FOR A ONE MONTH RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHRONIC PAIN, TABLE 2, SUMMARY OF RECOMMENDATIONS, CHRONIC PAIN DISORDERS.

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

Decision rationale: The medical necessity of H-wave unit is compared to the California MTUS criteria for utilization of H-wave unit, which notes H-wave is not recommended as an isolated intervention. A trial of H-wave unit is only recommended as noninvasive conservative option for the treatment of diabetic peripheral neuropathy pain (not documented) or chronic soft tissue inflammation (not documented) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). It was noted the patient only had two TENS sessions during therapy. There are no clinical notes provided for review documenting objective findings that would support the need for passive modalities such as H-Wave and records do not describe the patient's participation in a program of evidence-based functional restoration. Therefore, the request for H-Wave one-month rental is not medically necessary and is recommended not for medical necessity.