

Case Number:	CM14-0039663		
Date Assigned:	06/27/2014	Date of Injury:	05/07/2013
Decision Date:	08/15/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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:

The injured worker was injured on 06/07/13. A one-month rental of an H-Wave unit is under review. The office notes indicate in November 2013 that the injured worker was improving with treatment. She had decreased lumbar range of motion and sensory loss in the cervical and lumbar regions. An orthopedic spine consultation was recommended. 12 sessions of a conditioning and strengthening program and stress management were ordered. On 11/21/13, a pain management consultation report by [REDACTED] noted the patient had persistent pain in her mid and low back with tingling in her hands, legs, feet and weakness in her arms and hands. She had positive Spurling's on the right and tenderness about the neck and back. She had a positive straight leg raise on the left. She had decreased sensation and had good strength in the upper extremities. On 12/12/13, she was found to have reached maximal medical improvemen (MMI). On 01/10/14, she reported a flareup of neck and back pain while she was doing light things around the house. She had positive straight leg raises at 40 degrees on the right and 45 degrees on the left. On 02/19/14, an H-Wave device for 1 month home use was recommended. She reportedly had had 6 visits of transcutaneous electrical nerve stimulation (TENS) treatment since June 2013. She had a trial of H-Wave in late 2013 and she stated she used it twice a day for 30-45 minutes, and it gave her 20% relief. She reported avoiding going to work, physically exercising, participating in recreation, and other activities due to her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device 1 month rental per report dated 02/19/2014 QTY: 1.00: Upheld

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 H wave stimulation Page(s): 148.

Decision rationale: The history and documentation do not objectively support the request for an H-Wave unit. The MTUS Guidelines state 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). The injured worker completed a trial of H-Wave stimulation and stated that it helped her as much as other treatments which included TENS. It is not clear whether she has been involved in an ongoing exercise program and has been advised to continue an exercise program in conjunction with this unit. As such, the request is not medically necessary.