

Case Number:	CM14-0043443		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2013
Decision Date:	08/11/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 10/10/13 date of injury. At the time (3/18/14) of request for authorization for DME-H-wave unit, there is documentation of subjective (back pain that radiates to the right thigh) and objective (right S1 reflex trace) findings, current diagnoses (lumbar displaced intervertebral disc/herniated nucleus pulposus), and treatment to date (physical therapy, medications, TENS, home exercise, program, and epidural steroid injection). 3/14/14 RFA identifies a request for home H-wave device (one month home-use evaluation). There is no documentation of objective findings consistent with chronic soft tissue inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-H Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative

option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of lumbar displaced intervertebral disc/herniated nucleus pulposus. In addition, there is documentation of a request for one month home-use evaluation. Furthermore, there is documentation of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of objective findings consistent with chronic soft tissue inflammation. Therefore, based on guidelines and a review of the evidence, the request for DME-H-wave unit is not medically necessary.