

Case Number:	CM14-0073926		
Date Assigned:	07/16/2014	Date of Injury:	01/07/2011
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This is a patient with a date of injury of 1/7/11. A utilization review determination dated 4/23/14 recommends non-certification of H-Wave purchase. 1/16/14 medical report identifies that the patient had a trial of TENS in the past for about six weeks and it was very helpful, and she is interested in having one for home use. 4/8/14 H-Wave prescription notes that the patient has pain and impaired ADLs. 1/21/14 report notes that a 15 minute trial of TENS did not provide any pain relief. 2/20/14 report noted 40% pain relief and unspecified improved daily activities with H-Wave use.

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 device for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave, 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. Within the documentation available for review, a report notes that a 15-minute trial of TENS provided no relief. However, prior medical reports note good relief with a 6-week trial of TENS. Given that a trial of H-Wave is supported only after failure of an adequate TENS trial, there is no clear indication for purchase of the device at this time. In light of the above issues, the currently requested H-wave is not medically necessary.