MAXIMUS Federal Services

Case Number:	CM14-0079667		
Date Assigned:	07/23/2014	Date of Injury:	02/18/2009
Decision Date:	09/24/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 53-year-old male who reported an injury on 02/18/2009. The mechanism of injury was not provided in the medical records. He is diagnosed with chronic pain syndrome. His past treatments were noted to include multiple surgical procedures, medications, physical therapy, and use of a TENS unit, and use of an H-wave unit. On 04/23/2014, a recommendation was made for 30 day trial of an H-wave home care system. It was noted that the injured worker had trialed and failed medications, physical therapy, and use of a TENS unit without benefit. A 04/25/2014 form indicated that an H-wave device had been delivered to the injured worker had he had been instructed on use. A Patient Survey completed on 05/09/2014 indicated that use of H-wave device had allowed him to increase his function and decrease his pain levels. On 06/032014, a Request for Authorization form was submitted for the purchase of a home H-wave device. A request was received for a 30 day trial of H-wave system. However, a rationale for this request and the official Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial of H-Wave System: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, a 30 day home trial of an H-wave stimulation unit may be considered when used as an adjunct to a program of evidence based functional restoration following the failure of physical therapy, medications, and a TENS unit. The clinical information submitted for review indicated that the injured worker reported a failure of medications, physical therapy, and a TENS unit. He was noted to have reported benefit after a previous 30 day H-wave trial and a request was submitted for the purchase of an H-wave unit. Therefore, clarification is needed regarding the current request for a 30 day trial of an H-wave system as the injured worker was noted to have previously completed a 30 day trial. As the guidelines do not support more than a 30 day trial prior to the purchase of a unit, the request for this additional 30 day trial is not supported. As such, the request is not medically necessary.