

Case Number:	CM14-0089399		
Date Assigned:	07/23/2014	Date of Injury:	10/14/2013
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 Interventional Spine 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 patient is a 55 years old male with an injury date on 10/14/2013. Based on the 04/18/2014 progress report provided by [REDACTED] the diagnoses are: Lumbar spine DJD, Lumbar strain. According to this report, the patient complains of pain and impaired activities of daily living and the recommendation of the H- wave home care units. Furthermore this report indicated the patient has had tried medications, physical therapy and TENS unit. There were no other significant findings noted on this report. [REDACTED] is requesting home H-wave device. The utilization review denied the request on 05/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/07/2014 to 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 117-118.

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

Decision rationale: According to the 04/18/2014 report by [REDACTED] this patient presents with lumbar pain. The treater is requesting home H-wave device. There is indication that the patient has tried noninvasive conservative care of physical therapy, medications and TENS in the past. An H-wave summary report on 03/25/2014 states that the H wave has helped the patient, decreased the amount of medications, able to walk farther and sit longer. The patient experienced 20% improvement in pain level but the pain was still at 7 out of 10 with the H-wave unit. Regarding H wave units, MTUS guidelines pages 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for 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 (i.e., exercise) and medications, plus (TENS). For home use, functional benefit including medication reduction must be documented. In this case, the patient appears to have tried H-wave unit without significant change in pain or function. The patient experienced 20% reduction of pain but pain level is still at 7/10. The requested home H-wave device is not in accordance with the guidelines. The request is not medically necessary.