

Case Number:	CM14-0167082		
Date Assigned:	11/26/2014	Date of Injury:	05/21/2010
Decision Date:	01/12/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 male patient with the date of injury of May 21, 2010. A Utilization Review dated September 18, 2014 recommended non-certification of DME: H-wave unit (replacement). A Progress Report dated September 3, 2014 identifies lower back pain. The patient has been using an H-wave unit. It has been functioning sporadically lately. When it does work it has helped to relieve his symptoms and gives him some control of his pain levels. Objective Findings identify decreased motion with lumbar flexion and extension. Diagnoses identify s/p microdiscectomy 5/28/12 and lumbar discogenic pain. Discussion/Plan identifies request authorization for repair or replacement of his H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-Wave Unit (replacement): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for DME: H-Wave Unit (replacement), 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, the H-wave unit is noted to relieve symptoms and provide pain control. However, there is no indication of objective functional benefit obtained from the unit, and a lack of clarity regarding how much the H-Wave unit reduces the patient's pain, or a description of how often the device is used. In the absence of such documentation, the currently requested DME: H-Wave Unit (replacement) is not medically necessary.