MAXIMUS Federal Services

Case Number:	CM14-0194024		
Date Assigned:	12/01/2014	Date of Injury:	06/07/2004
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 06/07/2004. His diagnoses include lumbosacral spondylosis, lumbar spinal stenosis, and spondylolisthesis. His past treatments include medications, physical therapy, TENS unit and H-wave unit. On 10/14/2014, the patient was reevaluated for utilizing the home H-wave unit. It was noted the injured worker reported decrease in the use of oral medications, increase in activity, and greater overall function. The injured worker indicated the increase in function gave him the ability to walk farther, sit longer, stand longer, and have more family interaction. The documentation also indicated the injured worker had not sufficiently improved with conservative care. The treatment plan was for a home H-wave device. The rationale included: to reduce and/or eliminate pain; to reduce or prevent the need for oral medications; improve functional capacity and activities of daily living; improve circulation and decrease congestion in the region; decrease muscle spasms and muscle atrophy; and provide self-management tool. A Request for Authorization form was received on 10/14/2014.

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 H-wave stimulation (HWT).

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

Decision rationale: The decision for a Home H-wave device is not medically necessary. According to the California MTUS Guidelines, an H-wave stimulation unit is not recommended as an isolated intervention; however, a 1 month home based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. However, it should be used as an adjunct to a program of evidence based functional restoration and only following failure of initial recommended conservative care including physical therapy, medications, and a TENS unit. There should also be documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines further indicate that H-wave and other similar type devices can be useful for pain management, but they are most excessively used as a tool in combination with functional improvement. The injured worker was indicated to have used the H-wave for 19 days with a decrease in pain and medication intake. It was also noted the injured worker failed conservative care. However, the documentation failed to provide evidence of the H-wave unit being used in adjunct to a program of evidence based functional restoration and documented objective findings of pain relief from use. In the absence of the required documentation, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.