

Case Number:	CM14-0199098		
Date Assigned:	12/09/2014	Date of Injury:	09/30/2013
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain Medicine, 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 a date of injury of September 30, 2013. A utilization review determination dated October 27, 2014 recommends non-certification of H-wave for home purchase. A progress note dated September 29, 2014 identifies subjective complaints of patient complains of pain, and the patient exhibits impaired activities of daily living. The patient utilized a H-wave at no cost for evaluation purposes from August 20, 2014 to September 17, 2014. In a survey taken by H-wave the patient reported a decrease in the need for oral medication due to the use of the H-wave device, and the patient reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The patient is currently utilizing the home H-wave two times per week, five days per week, 30-45 minutes per session. The diagnoses include sciatica, lumbago, and displacement of inter vertebral disc without myelopathy. The treatment plan recommends purchase of a home H-wave device and system for use for two times per day at 30-60 minutes per treatment PRN. The treatment goals of the home H-wave is to reduce and-or eliminate pain, reduce or prevent the need for oral medications, decrease or prevent muscle spasm and muscle atrophy, improves functional capacity and activities of daily living, improve circulation and decrease congestion in the injured region, and to provide a self-management tool to the patient. There is documentation that states that the patient has tried medication treatment, physical therapy, and has used a tens unit. The patient states that the treatment with the tens unit did not provide any subjective or objective improvement.H-wave for home purchase

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave for home purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: Regarding the request for H-wave unit for home purchase, 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, there is no indication that the patient is going to use the H-wave unit as an adjunct to a program of an evidence-based functional restoration. As such, the currently requested H-wave unit for home purchase is not medically necessary.