

Case Number:	CM14-0201957		
Date Assigned:	12/12/2014	Date of Injury:	06/13/2005
Decision Date:	03/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 65 year old Female who had industrial injury on 6/13/5. She had obtained an epidural injection, transcutaneous electrical nerve stimulation and medications. Examination on 10/27/14 has injured worker stating after the trial of the home H wave from 9/22/14 till 10/15/14, they had decreased use of oral medication, a 70% reduction in pain, and greater overall function. On 9/30/2914 a request for a H wave unit was non certified. The rationale for the denial was due to limited documentation of functional benefit and no clear evidence for functional status improvement. On 11/10/2014 a request for a H wave unit was non certified. The rationale for the denial was due to not meeting guidelines in having a recent transcutaneous electrical nerve stimulator trial. The reviewer also stated no documentation as to which oral medication was used less and no supporting evidence of less medications being prescribed.

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 ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave unit, 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 has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In addition there is no documentation to state the H-Wave stimulation trial was used as an adjunct to a program of evidence-based functional restoration. In the absence of such documentation, the currently requested H wave device is not medically necessary.