

Case Number:	CM14-0202368		
Date Assigned:	12/12/2014	Date of Injury:	02/26/2004
Decision Date:	02/05/2015	UR Denial Date:	10/30/2014
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. 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 patient with a date of injury of 2/26/04. A utilization review determination dated 10/30/14 recommends non-certification/modification of H-Wave. 10/6/14 medical report identifies pain and impaired ADLs. Patient reported improved function and decreased use of pain medications with H-Wave use. An H-Wave Patient Compliance and Outcome Report noted that TENS did not provide adequate relief/benefit.

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 Page(s): 98, 117.

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 mention of failure of TENS, but there are no specifics regarding a formal TENS trial as recommended by the CA MTUS including identification of how frequently the TENS unit was used and what the outcome of that TENS unit trial was with regard to pain relief, functional status, pain medication usage, etc. In the absence of such documentation, the currently requested H-Wave unit is not medically necessary.