

Case Number:	CM15-0198335		
Date Assigned:	10/13/2015	Date of Injury:	11/18/2013
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 37 year old male, who sustained an industrial injury on 11-18-2013. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. On medical records dated 08-31-2015, the subjective complaints were noted as pain that exhibits impaired activities of daily living. Objective findings were noted as the injured worker has been utilizing the H wave for evaluation purposes from 06-30-2015 to 08-10-2015. A decrease in need for oral medication was noted due to use of the H wave device. The ability to perform more activities and greater overall function due to use of the H wave was reported as well. The injured worker reported using the H wave unit twice a day for 45 minutes, 7 days a week. Treatments to date included H wave, TENS unit, physical therapy and medication. Current medications were not listed on 08-31-2015. The Utilization Review (UR) was dated 09-15-2015. A Request for Authorization was dated 08-31-2015 for Home H-Wave Unit Device (Infinite Use) QTY: 1. The UR submitted for this medical review indicated that the request for Home H-Wave Unit Device (Infinite Use) QTY: 1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Unit Device (Infinite Use) QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s); Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Home H-Wave Unit Device (Infinite Use) Qty: 1. An H-Wave outcome report dated 8/10/15 (48B) notes that the H-Wave was more helpful than prior treatment, allowed the patient to decrease all medication usage, reduced pain level by 30% and improved the patient's ADLs such as the ability to sit and sleep. The MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical reports provided show the patient has received physical therapy, medication therapy and treatment with a TENS unit. In this case, there is evidence of functional improvement from a prior H-Wave home trial and documentation of failure of conservative care including physical therapy, medications and TENS. Furthermore, the use of an H-Wave device has allowed the patient to decrease all medication usage, increase ADLs and improve the overall quality of his life. The current request satisfies the MTUS guidelines as outlined on pages 117-118. The current request is medically necessary.