

Case Number:	CM15-0028424		
Date Assigned:	02/20/2015	Date of Injury:	04/30/2013
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 49 year old male patient, who sustained an industrial injury on April 30, 2013. The diagnoses have included cervical and lumbar strain. Per the Primary Treating Physician's report dated December 22, 2014, he had complaints of pain and exhibits impaired activity of daily living. He had not significantly improved with conservative care, and that the trial of H-Wave had been shown to benefit. He reported a decrease in the need for oral medications and an ability to perform more activity and greater overall function with use of the H-Wave. The current medications list is not specified in the records provided. He has been using the H-Wave two times a day, six days a week, at 30-45 minutes per session. He has had an H-wave unit from 11/17/2014 to 12/11/2014. Treatment to date has included H-Wave, physical therapy, TENS, and medications. On January 22, 2015, Utilization Review non-certified a home H-Wave device purchase, noting there was no clear evidence that the injured worker received sustained relief of the symptoms from prior use of the H-Wave, there was no evidence of trialed and failed use of a TENS unit, and the specific short and long term goals of the treatment were not outlined. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 16, 2015, the injured worker submitted an application for IMR for review of a home H-Wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: Upheld

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

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

Decision rationale: Request: Home H-Wave Device Purchase. Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. In addition, patient has tried home H-wave unit from 11/17/2014 to 12/11/2014. Evidence of objective improvement in terms of decreased need of medications and increased functional activity with the use of H-wave is not specified in the records provided. A detailed clinical evaluation with significant functional deficits that would require a H-wave unit is not specified in the records provided. The medical necessity for Home H-Wave Device Purchase is not fully established for this patient at this juncture.