MAXIMUS Federal Services

Case Number:	CM15-0218848		
Date Assigned:	11/10/2015	Date of Injury:	10/12/1993
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male with a date of injury on 10-12-93. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain. Progress report dated 8-25-15 reports overall improvement in function with continued use of H-wave. He is using the H-wave 3 times per day, 7 days per week for 45 minutes sessions and reports feeling so much better. Objective findings: complaints of pain and exhibits impaired activities of daily living. According the medical records after 92 days of using H-wave the injured worker states the sessions have helped more than prior treatment, allowing him to decrease medication use, increase daily activities, sit longer, stand longer, sleep longer and gives overall 40 percent improvement. Treatments include: medication, physical therapy, TENS unit, H-wave (initiated 7- 15-15). Request for authorization was made for H Wave device for home use. Utilization review dated 10-29-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave device for home use: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-wave stimulator (HWT).

Decision rationale: Pursuant to the Official Disability Guidelines, H wave device, home use is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one-month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are chronic pain. Date of injury is October 12, 1993. Request for authorization is October 22, 2015. The medical record contains 36 pages. A compliance and outcome report for the age wave device was completed. Initiation date was July 15, 2015 and date of survey was October 15, 2015. The injured worker used TENS of 4+ years. TENS was of no help. Medications cannot be taken (intestines burst). The physical therapy section is blank. According to an October 14, 2015 preprinted boilerplate form for the age wave device did not contain objective clinical findings. According to an October 27, 2015 provider progress note, the injured worker presents for routine follow-up. The worker's activities are restricted. Objectively, there is no physical examination. There is no documentation of concurrent physical therapy. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. There is no objective documentation reflecting a physical examination in the October 14, 2015 and October 27, 2015 progress notes. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations, no objective evidence with a physical examination and no documentation of concurrent physical therapy, H wave device, home use is not medically necessary.