MAXIMUS Federal Services

Case Number:	CM15-0059087		
Date Assigned:	04/03/2015	Date of Injury:	08/01/2014
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old male, who sustained an industrial injury on 08/01/2014. The injured worker was diagnosed as having a L1 fracture with thoracolumbar kyphosis. Treatment to date has included computed tomography scan of the lumbar spine, MRI of the lumbar spine, medications and physical therapy. According to a progress report dated 01/20/2015, the injured worker was noted as doing relatively well. Pain was rated 1-2 on a scale of 1-10 and was tolerable. Range of motion was guarded. Pain was worse with activities. According to a request for authorization letter dated 03/03/2015, the provider requested authorization for a home H-Wave device purchase noting that the injured worker had failed conservative treatment options including physical therapy, TENS unit and medications. The injured worker began a 30 day trial with a home H-wave device in December 2014. The provider noted that low back pain was relieved and that the injured worker reported an increase in daily activities. He was able to stand longer, he felt better, slept better and had more family interaction. The injured worker was using the H-Wave along with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase home H-Wave Device: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

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

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for low back pain. Prior treatments have included TENS without improvement. A trial of H-wave use was effective. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. In this case, the claimant has had an appropriate trial of H-wave use with reported relief of pain and improved activities of daily living. Therefore, the requested H-wave unit purchase was medically necessary.