

Case Number:	CM14-0140286		
Date Assigned:	09/10/2014	Date of Injury:	08/06/2010
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 and Rehabilitation 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:

The patient is a 50 year old male who was injured on 08/06/2010. The mechanism of injury is unknown. Prior medication history included Tylenol, Naproxen, Omeprazole and Acetaminophen. He has been treated conservatively with 33 sessions of physical therapy, 6 sessions of chiropractic therapy, 12 sessions of acupuncture and TENS unit. Diagnostic studies reviewed include EMG/NCV dated 07/30/2014 revealed isolated positive sharp waves in the right lower lumbar paraspinal muscles. A 7/3/14 peer review by [REDACTED] modified H wave purchase to allow for 1 month rental. 7/18/14 H-Wave patient delivery evaluation shows less pain and more relaxed after H-wave treatment. Progress report dated 08/08/2014 documented the patient to have complaints of lumbar spine pain that is aggravated by his work. He continued to have low back pain and radiation of pain to the right posterior thigh and right lateral foot accompanied by occasional paresthesia. His pain varies from 4/10 to 6-7/10. Objective findings on exam revealed 2+ diffuse tenderness to palpation of the paraspinal muscles. Range of motion of the lumbar spine revealed forward flexion to 70; extension to 20; lateral bending to 30 bilaterally; rotation to 40 bilaterally. The patient is diagnosed with degeneration of the thoracic or lumbar intervertebral disc. The patient was recommended for H-wave unit as per RFA dated 08/07/2014. Prior utilization review dated 08/25/2014 by [REDACTED] states the request for H-Wave Homecare Device (Purchase) is denied as medical necessity has not been established. There was insufficient evidence to suggest the patient is actively participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Homecare Device (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: As per CA MTUS guidelines, H-wave unit 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)." Based on the medical records and the UR report, there is insufficient documentation to show that H-wave unit was used as an adjunct to a program of evidence-based functional restoration (such as home exercise program). Therefore, the medical necessity is not established for H-wave unit purchase.