

Case Number:	CM14-0141508		
Date Assigned:	09/10/2014	Date of Injury:	06/20/2008
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This injured worker sustained an injury on 6/20/08 while employed by [REDACTED]. Request(s) under consideration include Home H-wave device purchase. Report of 5/9/14 from the provider noted the patient with ongoing chronic severe low back and neck pain. Conservative treatment with physical therapy and TENS unit provided no relief of symptoms. Exam showed cervical spine with tenderness and spasm along with trapezius muscles and L3-5 paraspinal muscles; decreased lumbar and right hip range to 25-50% of normal; and decreased lumbar range. Report of 6/9/14 from the provider noted the patient with home H-wave trial 2x/day for 31 days with noted 80% back pain relief with decreased medications. Report of 6/18/14 from the provider noted the patient with unchanged complaints of severe low back and neck pain. Noted was pain relief with medications and home H-wave. Exam showed unchanged tenderness and spasm at cervical spine, trapezius, and l3-5 paraspinal muscles with decreased sensation along left anterior thigh; and decreased right hip and lumbar spine range of 25-50% of normal. Report of 8/15/14 from the provider had unchanged chronic pain symptoms and difficulty performing daily activities. The request(s) for Home H-wave device purchase was non-certified on 8/26/14 by utilization review citing guidelines criteria and lack of medical necessity.

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 H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits. In addition, it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in activities of daily livings (ADLs) have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of 2008. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's symptom complaints, clinical findings, and functional status have remained unchanged. Therefore, the request for the Home H-wave device purchase is not medically necessary and appropriate.