

Case Number:	CM14-0167806		
Date Assigned:	10/15/2014	Date of Injury:	01/24/2014
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/12/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this claimant is a 65-year-old female with a 1/24/14 date of injury. At the time (9/9/14) of request for authorization for Home H-Wave Device and Supplies (Rental or Purchase), there is documentation of subjective (ankle, back, and neck pain) and objective (decreased cervical as well as lumbar range of motion and positive Kemp's as well as Spurling's sign) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain), and treatment to date (TENS unit, H-wave trial, physical therapy, chiropractic treatment, outpatient rehabilitation, and medications). 8/19/14 medical report identifies 10% improvement of pain, ability to walk farther, and perform more activities following the use of one month home based H-wave trial; and that patient is utilizing the home H-wave 2 times a day, 7 days a week, and 30-45 minutes per session. There is no documentation of chronic soft tissue inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device and Supplies (Rental or Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that the effects and benefits of the one-month trial 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. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. In addition, there is documentation of one-month home-based trial of H-Wave stimulation. Furthermore given documentation of 10% improvement of pain, ability to walk farther, and perform more activities following the use of one month home based H-wave trial; and that patient is utilizing the home H-wave 2 times a day, 7 days a week, and 30-45 minutes per session, there is documentation of effects and benefits of the one month trial, as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, there is no documentation of chronic soft tissue inflammation. Therefore, based on guidelines and a review of the evidence, the request for Home H-Wave Device and Supplies (Rental or Purchase) is not medically necessary.