

Case Number:	CM14-0079894		
Date Assigned:	07/18/2014	Date of Injury:	01/30/2013
Decision Date:	09/29/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine, 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 47-year-old with chronic low back pain. Prior treatment history has included TENS unit with no benefit, H-wave device which was helpful in the past; and physical therapy. H-wave report dated January 21, 2014 states the patient was utilizing H-wave device for his back as it has helped to relieve his symptoms. It is noted that the patient's medications were decreased and his activities of daily living increased such as walking further, performing housework, sitting long, sleeping better and more family interaction. His pain level before the use of H-wave was 6/10 and after it use, an increase of 70%. There are no other records submitted for review. Prior utilization review dated April 30, 2014 states the request for Purchase of home H-wave device is denied, as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home H-wave device: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC- H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-8.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, H-wave stimulation 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 (such as exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case a request is made for purchase of an H-wave device for a 47-year-old with chronic low back pain. There is documentation of failure of conservative care, pain reduction and functional improvement with use of H-wave stimulation over four months, and evidence of an adjunctive program of functional restoration. Medical necessity is established. Therefore, the request for the purchase of a home H-Wave device is not medically necessary or appropriate.