

Case Number:	CM14-0098340		
Date Assigned:	07/28/2014	Date of Injury:	08/27/2010
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 30-year-old male who reported injury on 08/27/2010, reportedly he and a coworker both were welders, were lifting a 200 pound frame. The coworker was unable to hold his part of the load, dropped it. He sustained injuries on low back, cervical spine, thoracic spine, and right leg, and bilateral shoulder pain. The injured worker's treatment history included medications, physical therapy, TENS unit, H-wave unit, and radiofrequency neurotomy in his back. The injured worker had used the H-wave unit from 04/15/2014 to 04/28/2014 which the injured worker reported 10% improvement with the H-wave, decreased need of oral medication, greater overall function, including improved sleep and relaxation. The injured worker noted the H-wave helped with the same prior treatments, which included medications, physical therapy, electrical stimulation, and 2 sessions of physical therapy including the use of the TEN units. The worker was evaluated on 05/15/2014, and it documented the injured worker reported decreased need of oral medication due to the H-wave unit device. The injured worker had reported the ability to perform more activity and greater overall function due to the H-wave device. The injured worker has given these examples of increased function due to H-wave, sleeps better, and relaxes my body after treatment. The injured worker has not sufficiently improved with conservative care. The trial home use of H-wave has shown to benefit. The H-wave unit has an evidence-based treatment that focused on functional restoration. Diagnoses included myalgia and myositis lumbar spondylosis, sprain and degenerative disc disease. Medications included Tramadol and Baclofen. The request for Authorization dated 05/13/2014 was for home - H-wave device purchase. The rationale was for H-wave improvement, function and reduces medication usage for the injured worker. Continued use of this evidence-based, safe, drug free treatment is both reasonable and medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave System for home use: Upheld

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

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

Decision rationale: California (MTUS) Chronic Pain Medical Treatment Guidelines states that the H-wave unit is recommended an isolated intervention but can be used on a 30 day trial basis as a non-invasive conservative care option for diabetic neuropathic pain or chronic soft tissue inflammation in conjunction to evidence -based functional restoration program. The injured worker had used the H-Wave unit on 04/15/2014 for 13 days with a date of survey on the H-Wave Unit on 04/28/2014 for his lower back. It was noted on the H-Wave Unit patient compliance and outcome report the injured worker that it decreased the injured worker medication usage, increased daily activities and increased sleep. It was noted that the injured worker used the H-Wave Unit 2 times a day for 30-45 minutes a day. In addition, the request did not specify the location of use for the H-Wave unit for the injured worker. The documents submitted failed to indicate the injured worker long-term- functional improvement goals and home exercise regimen. Given above, the request for the H-Wave purchase Homecare System is not medically necessary and appropriate.