

Case Number:	CM14-0111011		
Date Assigned:	08/01/2014	Date of Injury:	08/05/2007
Decision Date:	10/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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 & 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 injured worker is a 51 year-old female who sustained work-related injuries on August 5, 2007. Per medical records dated February 18, 2014, the injured worker reported that with the use of H-wave unit, her pain decreased by approximately 50% which lasted 90 minutes during use. Per March 24, 2014 the injured worker returned to her provider and presented complaints of constant/spastic pain in the bilateral arms, legs, neck, right shoulder, right buttock, thoracic spine, bilateral hands, bilateral knees, and bilateral low back. She rated her pain as 6-9/10. On examination, the injured worker was noted with slightly slouched posture and waddling gait but transfers slowly. Pain was noted over the cervical facets C3-6, bilaterally (worsens at C5-6), and over the lumbar facets at L4-L5 and L5-S1, bilaterally. Pain worsens on hyperextension with torso rotation. Per May 7, 2014 records, the injured complained of pain in the bilateral arms, bilateral legs, right shoulder, right buttock, thoracic spine, right hip, bilateral hands, bilateral knees, and bilateral low back. She described her pain as constant, sharp, aching, cramping, shooting, throbbing, dull, burning, and stabbing. She rated her pain as 6/10 with medications, on average as 7/10 and without medications as 10/10. On examination, she was noted to be with slightly slouched posture and has waddling gait used no assistive devices but transfers slowly. Most recent records dated June 3, 2014 documents that the injured worker has been approved with gym membership and 30-day trial of H-wave. She reported pain in the bilateral arms, bilateral legs, neck, right shoulder, right buttock, thoracic spine, right hip, bilateral hands, bilateral knees, and bilateral low back. She rated her pain as 6/10 with medications, 7/10 on average, and worst pain was rated at 9/10. On examination, she was noted with slightly slouched posture and has waddling gait and transfers slowly. Pain was noted over the cervical facets C3-6, bilaterally, worsens at C5-6. Pain was also noted over the lumbar facets at L4-5 and L5-S1, bilaterally. Pain worsened on hyperextension with torso rotation. She is diagnosed with (a)

chronic pain syndrome, (b) spinal stenosis of the cervical region, (c) other syndromes affecting the cervical region, (c) cervical radiculopathy, (d) thoracic or lumbosacral neuritis or radiculitis, unspecified, (e) displacement of lumbar intervertebral disc without myelopathy, (f) other symptoms referable to neck, (g) cervicalgia, (h) back pain lumbar, (i) shoulder pain right, (j) knee pain bilateral, (k) anxiety, (l) chronic insomnia, and (m) chronic depression.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117.

Decision rationale: Contrary to the determination of the utilization reviewer and based on the provided records, the injured worker has undergone medications, physical treatment modalities, and she was recently approved to receive gym membership which is at the same time was also approved with a 30-day trial of H-wave unit. Due to the provided trial, the injured worker reported that her 30-day trial of H-wave device utilization produced 40-50% improvement regarding her current pain levels. With this information, the clinical presentation of the injured worker satisfies the line embodied in evidence-based guidelines that states "The one-month H-wave stimulation trial (HWT) may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and 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. Rental would be preferred over purchase during this trial." Because of the provided benefits from the use of home H-wave device, the injured worker is noted to be able to go out without assistance and does not use any assistive devices. Moreover, the records show that the requested H-wave unit is being used as an adjunct treatment to her oral medications and gym membership. Based on this information, the clinical presentation of the injured worker meets another focal point of the criterion for the usage of H-wave unit. Hence, the medical necessity of the requested H-wave unit purchase is established. The utilization reviewer noted that the while there was mention that the injured worker had previous use of a transcutaneous electrical neurostimulation (TENS) unit which did not help there was no documentation of other conservative measures failing including medications and physical therapy. There was also no documentation of the H-wave device being used in conjunction with an exercise/rehabilitation program.