

Case Number:	CM14-0120267		
Date Assigned:	08/06/2014	Date of Injury:	03/08/2000
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 underlying date of injury in this case is 03/08/2000. The patient's diagnoses include thoracic outlet syndrome, shoulder pain, cervical pain, and muscle spasm. A physician prescription for an H-wave device on 05/07/2014 reports a diagnosis of cervical disc degeneration and brachial plexus lesions. Accompanying that is a physical therapy recommendation of 04/30/2014 noting that a TENS unit failed and did not provide adequate relief and there were no objective benefits when the patient used the TENS unit. Thus, the physical therapist recommended a home H-wave unit. On 06/24/2014, an H-wave patient compliance report indicates the patient stated that H-wave was more helpful than prior treatment and allowed him to sleep better and to sleep a little longer before awaking from pain. The patient reported 20% improvement from H-wave and reported that he believed that he looks forward to a better sleep pattern and believes that his overall function would improve with future decreases in the amount of his pain medications that he needs. A treating physician note of 04/23/2014 reports that the patient's medications include Amrix E.R., Ibuprofen, Kadian, Lidocaine, Morphine immediate release (IR), and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation, states that a one-month home-based trial of H-wave stimulation may be considered as an option if used as an adjunct to a program of evidence-based functional restoration following the failure of initially recommended conservative treatment including physical therapy and medications plus a TENS unit. In this case, reports of functional improvement from an H-wave trial appear to be essentially subjective in nature and not consistent with the treatment guidelines to support a benefit from this treatment. The records do not document specific verifiable types of improvement functionally from H-wave. More notably, the records do not document a reduction in the patient's opioid dosage or quantity with use of H-wave. Overall, the benefits of H-wave are not documented consistent with the treatment guidelines. This request is not medically necessary.