

Case Number:	CM14-0130850		
Date Assigned:	08/20/2014	Date of Injury:	06/29/1998
Decision Date:	09/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family 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:

This 66-year old cashier reported neck and back injuries after a work-related motor vehicle accident on 9/20/14. She had a subsequent slip and fall at work on 1/15/03 and re-injured her back. Treatment included a thoracolumbar fusion on 9/1/05. The available records contain an 8/6/14 UR letter of non-certification of an H-wave device. The letter makes reference to a request for a home H-wave device dated 7/22/14. The request itself is not available. The available records include a single progress note from the patient's primary treater, an orthopedist, dated 6/10/14. He documented that the patient had a pain level of 6-7/10. She had "fairly good" flexion of her back at 40 degrees, 5 degrees of extension and no lateral bending. Her neurovascular exam was documented as intact. Diagnoses included moderate lumbar scoliosis, severe disc collapse and facet disease at L5-S1, and status post thoracolumbar fusion from T11-S1. The treatment plan included "the same medication regimen as prescribed before" (not otherwise documented), a new exercise ball and an H-wave stimulator "to reduce pain, restore function and reduce medication intake". Work status is listed as "permanent and stationary". On an undocumented date, a chiropractor in the primary treater's office submitted a letter of appeal addressed to the UR physician regarding the non-certification of the H-wave unit. He noted that the patient had had a positive response to a 30-day trial of H-wave. He included as evidence a survey filled out by the patient on 7/8/14 regarding the previous 20 days of H-wave use. The patient documented a pain level of 5-6/10 before H-wave use, and a 30% reduction in pain level after use. She documented that she had had no reduction in medications with its use. She checked boxes indicating that H-wave use allows her to sit longer, sleep better and stand longer, without any quantification or narrative in regards to the improvement. She did not check boxes indicating that it allowed her to do more housework, walk longer or lift more.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; H-wave stimulation (HWT) Page(s): 9; 117.

Decision rationale: Per the first reference cited above, "functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in dependency on continued medical treatment. According to the second reference, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The third reference states that 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). No high quality supporting evidence. The clinical documentation in this case does not document a significant improvement in the patient's status with H-wave use. Her pain level of 6-7/10 on 6/10/14 has decreased to 5-6/10 on 7/8/14. This is not a significant decrease. The documented improvements in function also do not appear to be significant. A non-quantified increase in ability to sit, stand and sleep better coupled with no improvement in walking or lifting is unlikely to represent a truly significant increase in function. This patient appears to be totally disabled, and that status has not changed. There was no decrease in medication use or need for medical care, which is one of the prerequisites listed above in order to demonstrate functional improvement. Finally, the H-wave unit was not prescribed in conjunction with an evidence-based functional restoration program, as is recommended. Based on the cited evidence-based references and on the clinical findings in this case, a home H-wave device is not medically indicated. A home H-wave device is not medically unnecessary because the criteria for significant clinical improvement were not met after a 30-day trial of the device, and because its use is not combined with an evidence-based functional restoration program.