

Case Number:	CM14-0134955		
Date Assigned:	08/29/2014	Date of Injury:	04/27/2001
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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:

According to the records made available for review, this is a 65-year-old female with a 4/27/14 date of injury. At the time (7/14/14) of request for authorization for home H-wave device, there is documentation of subjective (back and neck pain) and objective (decreased cervical and lumbar spine range of motion) findings. The current diagnoses are displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, and cervicalgia. The treatment to date includes Mobic, Tramadol, Cyclobenzaprine, treatment with TENS unit, and physical therapy. Medical report identifies that the initial 30 day trial of H-wave (7 days per week at 30-45 minutes per session) decreased the need for oral medications, increased activity and greater overall function.

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 Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 117-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, and cervicgia. In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Furthermore, there is documentation that the initial 30 day trial of H-wave (7 days per week at 30-45 minutes per session) decreased the need for oral medications, increased activity and greater overall function. Therefore, based on guidelines and a review of the evidence, the request for purchase of a home H-wave device is medically necessary.