

Case Number:	CM14-0154013		
Date Assigned:	09/23/2014	Date of Injury:	10/14/2013
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 48 year old employee with date of injury of 10/14/2013. Medical records indicate the patient is undergoing treatment for neck sprain, somat dysfunction cervical reg; muscle spasm, myalgia and myositis nos; lordosis nec; cervicobrachial syndrome; skin sensation disturb; sprain shoulder/arm nos; concussion w/o coma; headache and hypersomnia with sleep apnea. Subjective complaints include patient complains of pain. Patient states that their oral medication use has decreased due to the use of the H-Wave device. The patient says "Sleep better, more family interaction, I notice less headaches and less tension." The patient is currently using the H-wave trial 2 times a day, 7 days a week, 30-45 minutes per session. While using the H-wave the patient is only taking Motrin 600mg. Objective findings include sensory loss C5-C7 bilaterally; loss of motion cervical spine and pain T4-T8; +SD R/L; +FC R and Cervical dist. Treatment has consisted of chiropractic care, PT, activity modification and a TENS unit trial (which had been denied). The utilization review determination was rendered on 9/5/2014 recommending non-certification of a DME Purchase Home Wave Device E1399.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase Home Wave Device E1399: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial 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. Trial periods of more than one month should be justified by documentation submitted for review. As noted on the previous review, there was no documentation of functional improvement as demonstrated by a reduction in work restrictions; or an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In the absence of objective evidence of functional benefit, MTUS does not support the continued use of H-wave device. As such, medical necessity is not established for the proposed H-wave device lumbar spine.