MAXIMUS Federal Services

Case Number:	CM14-0035841		
Date Assigned:	06/23/2014	Date of Injury:	06/13/2003
Decision Date:	08/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female, with an injury date on 06/13/2003. Based on the 02/18/2014 progress report provided by [redacted] the patient presents with pain at the cervical spine, trapezius, shoulder and elbow. The diagnoses are: 1. Impingement Syndrome. 2. Acromioclavicular (AC) arthritis. 3. Depression. 4. Facet Arthropathy. 5. Myofascial pain. 6. Cervical degenerative disc disease (DDD). 7. Cervical radiculopathy. 8. Occipital neuralgia. The 02/18/2014 report states that the "patient complains of pain, and impaired activities of daily living." On 12/01/2013, the H-wave patient compliance and outcome report indicated the patient has already tried other forms of conservative treatment including physical therapy and medications. The patient apparently reported 20% improvement with the H-wave unit after sixteen (16) days of use. On 03/06/2014, after 111 days of use, the patient reported 40% improvement with the H- wave unit. [redacted] is requesting home H-wave device for purchase. The utilization review determination being challenged is dated 03/03/2014. [redacted] is the requesting provider, and he provided treatment reports from 11/13/2013 to 02/18/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: This patient presents with ongoing cervical spine, trapezius, shoulder, and elbow pain. The treater has asked for a home H-wave device on 02/18/2014. Per the 11/15/2013 report, the patient has had conservative care including physical therapy, medications and TENS without much help. The patient apparently tried an H-wave and a use summary from 12/01/2013 states that it helped. However, no changes were noted in the amount of medications taken, although the patient was able to sleep better. The patient experienced 20% improvement in pain level, but the pain was still at nine (9) out of ten (10), with the H-wave unit. The treater's note from 03/06/2014 reports that the patient actually experience "40%" improvement, but the pain level was still 9/10 with the H-wave. Regarding H wave units, the Chronic Pain Guidelines support a one-month home-based trial of H-wave treatment, as a non-invasive conservative option for 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). For home use, the functional benefit including medication reduction must be documented. In this case, the patient appears to have tried H-wave unit without significant change in pain, function or reduction of medication use. The patient experienced 20-40% reduction of pain, but the pain level is still at 9/10. No medication reductions were documented with the use of the unit. The request is not medically necessary.