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| Case Number: | CM14-0043775 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/01/2008 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 injured worker is a 61-year-old female with reported date of injury on 11/01/2008. The injury reportedly occurred when the injured worker was pulling a heavy marketing bag toward her while sitting. Her diagnoses were noted to include cervical sprain, right rotator cuff shoulder tendonitis, cervical degenerative disc disease, lumbosacral sprain, right hip abductor tendonitis, lumbar degenerative disc disease, and left L5 spondylolyses. Her previous treatments were noted to include H-wave trial, physical therapy, and medications. The H-wave patient compliance and outcome report dated 12/10/2013 was for an H-wave trial at the time 13 days of use for the lower right back. The injured worker indicated the H-wave helped her more than prior treatment and that she was able to take less medication and walk further, lift more, sit longer, sleep better, and stand longer with the utilization of the H-wave. The injured worker indicated her pain level right before the use of the H-wave was 4/10 and the H-wave gave her 70% improvement. The injured worker indicated the H-wave reduced her level of pain on a long work day. The progress note dated 02/18/2014 revealed the injured worker complained of right buttock and lower back pain. The injured worker denied radiation of her symptoms beyond the right buttock and reported the symptoms did not interfere with routine domestic activities, activities of daily living, or community activities such as simple shopping. The injured worker also reported right hip pain located in the posterolateral abductor areas of the hip. The injured worker reported the pain was infrequent; however, but in a random unexpected fashion and then postural change requiring the injured worker to stretch and move about in a compensatory fashion to relieve the symptoms. The injured worker revealed with respect to activities of daily living, the injured worker lived with her husband and performed all routine household chores as well as her own self care. The physical examination of the lower back revealed no tenderness, spasm, mass, or deformity. The range of motion was noted to be decreased. There was a

positive straight leg raise. The physical examination of the right hip noted passive internal rotation produced severe, right, mid buttock pain. The request for authorization form dated 03/06/2014 was for a home H-wave device (purchase/indefinite use of 1 device to be used 30 to 60 minute sessions as needed) for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for home (Purchase/Indefinite Use of one device to be used 30-60 minute sessions as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: The request for an H-wave unit for home (purchase/indefinite use of 1 device to be used 30 to 60 minute sessions as needed) is not medically necessary. The injured worker utilized and H-wave for a home based trial. The California Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 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 and medications plus transcutaneous electrical nerve stimulation. The guidelines state H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that the H-wave stimulation helps to relax muscles, but there are no published studies to support this use, so it is not recommended at this time. The documentation provided showed results of 16 days of a trial of the H-wave which had positive results; however, the guidelines recommend a 30 day trial for the utilization of an H-wave. The guidelines state there is anecdotal evidence that the H-wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. The injured worker did not complain of radicular pain or neuropathy to warrant an H-wave. Additionally, there is a lack of documentation regarding whether the H-wave would be used as an adjunct to evidence-based functional restoration approach. Therefore, the request is not medically necessary.