

Case Number:	CM14-0089234		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2012
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 07/18/2012. The mechanism of injury was not provided in the medical records. Her diagnoses include cervical intervertebral disc disorder and cervical spinal stenosis. Her previous treatments were noted to include physical therapy, medications, use of a TENS unit in clinic, and a trial of home use of an H-Wave stimulation device. On 05/20/2014, the injured worker presented with complaints of pain and impaired activities of daily living. It was noted that the injured worker had completed a survey after a trial of an H-Wave device, which indicated a decrease in the need for oral medication with use of the H-Wave, an increased ability to perform more activity and participate in activities of daily living, decreased pain in her arm and neck, and the ability to sleep better. A physical examination was not included for review. The injured worker's medication list was not provided in the clinical information submitted. The treatment plan included the purchase of a home H-Wave device to be used 2 times per day at 30 to 60 minutes per treatment as needed. The treatment goals for use of the H-Wave device included the reduction and/or elimination of pain, improvement of functional capacity and activities of daily living, reduction of the need for oral medications, improvement of circulation and decrease in congestion, and decrease or prevention of muscle spasm and muscular atrophy. The request for authorization was submitted on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for purchase/indefinite use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: The request for Home H- Wave Device for purchase/indefinite use is not medically necessary. According to the California MTUS Chronic Pain Guidelines, use of H-Wave stimulation is not recommended as an isolated intervention, but a 1-month home-based trial of H-Wave stimulation may be considered as an option to treat diabetic neuropathic pain or chronic soft tissue inflammation when used as an adjunct to a program of evidence-based functional restoration, and only following the failure of initially-recommended conservative care. The clinical information submitted for review indicated that the injured worker had previously tried and failed physical therapy, medications, and use of a TENS unit in clinic. However, she was not noted to have had an adequate trial of use of a TENS unit. In addition, documentation confirming an adequate course of physical therapy, medications, and use of a TENS unit was not provided. She was noted to report a 30% improvement in pain, improved sleep, decreased medication use, and increased ability to perform her activities of daily living after a trial of an H-Wave unit. However, there were no objective findings submitted to support functional improvement or decreased pain via numeric pain rating scales. The use of H-Wave stimulation is only recommended by the Guidelines as an adjunct to a program of evidence-based functional restoration, and the clinical information submitted for review failed to indicate that the injured worker would be participating in a program of evidence-based functional restoration as an adjunct to the requested H-Wave device. Based on the above, the request for a home H-Wave device for purchase/indefinite use is not medically necessary or appropriate.