

Case Number:	CM15-0005623		
Date Assigned:	01/26/2015	Date of Injury:	11/14/2013
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female, who sustained an industrial injury on 11/14/2013. The current diagnoses are chronic right shoulder pain, rule out internal structural damage and cervical myofascial pain. Currently, the injured worker complains of increased pain in right shoulder. Additionally, she complains of neck pain. Current medications are Gabapentin, Baclofen, and Biofreeze. The treating physician is requesting H-Wave for home use, which is now under review. Prior home use of TENS was noted to not be effective. On 12/30/2014, Utilization Review had non-certified a request for H-Wave for home use. The H-Wave was non-certified based on no evidence that the H-wave will be used in adjunct to a functional restoration program or that there has been failure of conservative care. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave for home use quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 171-172.

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

Decision rationale: Regarding the request for H-wave, Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-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. Within the documentation available for review, the provider notes that home use of TENS was not effective, there is no indication that the patient has undergone a one-month TENS unit trial with documentation of how often the unit was used and outcomes in terms of pain relief, functional improvement, medication usage, etc. Furthermore, there is no documentation of a one-month trial of H-Wave (after failure of the TENS trial) documenting usage and outcomes as noted above for TENS. In the absence of such documentation, the currently requested H-wave is not medically necessary.