

Case Number:	CM15-0005906		
Date Assigned:	01/26/2015	Date of Injury:	02/22/2014
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on February 22, 2014. He has reported back pain. The diagnoses have included cervical disc degeneration, cervical disc displacement, cervicalgia, lumbosacral disc degeneration and lumbar spinal stenosis and spondylosis. Treatment to date has included magnetic resonance imaging (MRI). Currently, the Inured Worker complains of back pain with numbness/tingling, swelling and decreased range of motion (ROM). Treatment includes physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit trial of H-wave with increased sleep quality and greater overall function and oral medication. On December 31, 2014 utilization review non-certified a request for home H-wave for cervical and lumbar spine for purchase, noting the lack of evidence of functional restoration program, The Medical Treatment Utilization Schedule (MTUS) chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) has been received.

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 Cervical and Lumbar Spine for purchase: Upheld

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

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

Decision rationale: Per 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. The medical documents reveal that the pain rating is the same at 8-9/10 and other objective physical exam findings also do not show marked improvement. As such, the request for Home H-Wave Device for Cervical and Lumbar Spine for purchase is not medically necessary.