

Case Number:	CM15-0006600		
Date Assigned:	01/26/2015	Date of Injury:	01/14/2013
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 46 year old female, who sustained an industrial injury on 1/14/13. She has reported left knee, shoulder, bilateral wrist, thoracic spine, lumbar spine, cervical spine and bilateral elbows. The diagnoses have included cervical HNP C5-6 and C6-7 and left knee osteochondrial deficit. Treatment to date has included medications, injections to knee and physical therapy. (MRI) magnetic resonance imaging of left shoulder performed on 3/14/14 revealed mild supraspinatus tendinosis and mild tendinosis of the anterior fibers of the infraspinatus tendon, degenerative changes of anterior superior glenoid labrum and moderate acromioclavicular joint osteoarthritis. Currently, the IW complains of constant low back pain with radiation to left foot, acupuncture helps manage pain and increase her mobility and functionality and H-wave helps her manage pain. The physical exam noted on 11/26/14 revealed tenderness of lumbar/sacral paraspinals. The PR2 dated 12/15/14 stated she had not sufficiently improved with conservative care. On 12/24/14 Utilization Review non-certified a purchase of H-wave for thoracic and lumbar spine, noting lack of documentation of functional improvement, only subjective pain symptoms have been documented. The MTUS, ACOEM Guidelines was cited. On 1/7/15, the injured worker submitted an application for IMR for review of purchase of H-wave for thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave for Thoracic and Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 114-120.

Decision rationale: The patient presents with left knee chondral defect and cervical pain, as per progress report dated 12/02/14. The request is for PURCHASE OF H-WAVE FOR THORACIC AND LUMBAR SPINE. The RFA for this report is dated 12/15/14, and the patient's date of injury is 01/14/13. The patient's diagnoses, as per progress report dated 11/26/14, include cervical spine disc bulges, thoracic sprain/strain, lumbar sprain/strain, bilateral elbow strain, bilateral wrist/hand strain, bilateral hip strain, and left knee internal derangement. The patient is off work, as per the same progress report. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "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." In this case, the patient was given a H-wave unit for trial from 09/19/14 to 11/17/14, as per progress report dated 12/15/14. In the report, the treater states that the patient is "eliminating the need for oral medications due to the use of the H-wave device." The patient has also reported improvement in overall function." More housework, sleep better, helps for about 2-3 hours, I feel better. I can do more activities." The patient used the H-wave device once per day for five days per week, 30 - 45 minutes per session, as per the same progress report. In another progress report dated 11/26/14, the treater states that the H-wave unit helps reduce pain by 35%. MTUS guidelines allow for the purchase of a home unit after a successful trial. Although the impact of the unit on pain is moderate, it appears that the device has contributed significantly to functional improvement and medication reduction. Hence, this request IS medically necessary.