

Case Number:	CM15-0143999		
Date Assigned:	08/04/2015	Date of Injury:	01/25/1995
Decision Date:	09/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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 60 year old male, who sustained an industrial injury on January 25, 1995. The initial symptoms reported by the injured worker are unknown. The injured worker was recently diagnosed as having lumbar radiculopathy, cervical radiculopathy and right shoulder rotator cuff tear. Treatment to date has included physical therapy, medications and a transcutaneous electrical nerve stimulation unit. Those treatments were noted to fail to provide him adequate relief. On April 16, 2015, the injured worker complained of pain rated a 5 on a 1-10 pain scale. The area of pain was not indicated. The treatment plan included an evaluation. On April 30, 2015, the injured worker received a thirty day trial of an H-wave unit. With the H-wave device, he reported numerous benefits, including a significant reduction in spasms, increased mobility and decrease in pain medication. He also reported that he was able to sleep better and his daily activities were achievable with less pain. The injured worker reported a 50% reduction in pain levels after each treatment lasting up to five plus hours. On June 29, 2015, Utilization Review non-certified the request for a home H-wave unit, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Unit: Overturned

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

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

Decision rationale: Based on the 06/29/15 progress report provided by treating physician, the patient presents with pain to upper back and right shoulder. The request is for home h-wave unit. Patient's diagnosis per Request for Authorization form dated 06/09/15 includes lumbar and cervical radiculopathy. Treatment to date has included physical therapy, TENS, and medications. Patient's medications include Norco, Soma and Celebrex, per 05/21/15 report. The patient is retired, per 04/16/15 report. Per MTUS Guidelines page 117, "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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per 06/26/15 report, treater states the patient "received a thirty day trial of an H-wave unit; he reported numerous benefits, including a significant reduction in spasms, increased mobility and decrease in pain medication. He also reported that he was able to sleep better and his daily activities were achievable with less pain. The patient reported a 50% reduction in pain levels after each treatment lasting up to five plus hours. The long term goal is to continue to decrease the patient's medication and strengthen his injured areas while continuing his H-Wave treatments adjunct with the PT instructed home rehabilitation exercise and stretching program which has increased his strength and improved his ADLs." In this case, H-wave does not appear to be an isolated intervention since the patient is on home exercise program and medications. The patient has not sufficiently improved with conservative care including physical therapy, medications and TENS unit. Given the documentation of H-wave's functional benefit, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.