

Case Number:	CM15-0148461		
Date Assigned:	08/11/2015	Date of Injury:	10/25/2012
Decision Date:	09/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old male, who sustained an industrial injury on 10-25-2012. The mechanism of injury was hyperextending his right leg and losing his balance. The injured worker was diagnosed as having cervicgia. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management, and a Tens unit which did provide relief. In a progress note dated 7-14-2015, the injured worker reported positive results from an H wave trial. The treating physician is requesting Home H wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: 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 Transcutaneous electrotherapy Page(s): 114-118.

Decision rationale: Home H-Wave Device Purchase is not medically necessary per the MTUS Guidelines. The MTUS states that in fact, H-wave is used more often for muscle spasm and acute

pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. The MTUS states that there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The vendor document states that the patient had 19 days of trial use as of 6/2/15, which is not consistent with a 30-day trial period suggested by the MTUS. Furthermore, the document dated 6/22/15 states that the patient would like to have this authorized for TMJ (he already has it for his neck) however the MTUS guidelines do not support this device for TMJ. The documentation is conflicting on the pain benefits received from this device. The progress note dated 6/11/15 state that the patient received 50% pain relief but the patient compliance report indicated the patient received 30% relief. The vendor generated patient compliance document stated that the TENS unit did not help however the 3/19/15 progress note states that the patient uses a TENS unit and this helps. Regardless, there is no evidence of what medication the patient was able to decrease and significant objective increase in function as a direct result of this H wave device. The 6/10/15 document states that the patient has been using his H wave device recently and, however the same progress note indicates that the patient's pain has worsened since last visit. The documentation dating back to July of 2013 prior to trying the H wave states that the patient exercises regularly and states that the patient has no work disability or disability with activities of daily living. Due to the fact that the MTUS states that there is no evidence that the H wave is more beneficial than a TENS unit for analgesia which the patient already owns and the fact that the documentation is conflicting on efficacy of the H wave as well as no specific evidence that the patient was able to reduce particular medications or specific objective increased function from what he was able to do prior to the H wave device this request is not medically necessary.