

Case Number:	CM15-0163641		
Date Assigned:	08/31/2015	Date of Injury:	06/24/1999
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 66 year old male who sustained an industrial injury on 6-24-99. He had complaints of neck, bilateral shoulder, bilateral knee, low back and right lower extremity pain. Treatments include: medications, physical therapy, chiropractic, electrical stim, TENS unit, H-wave, injections and surgery. Progress report dated 7-27-15 reports evaluation response to home H-wave treatments. The injured worker reports the ability to perform more activities and greater overall function since use of the H-wave device. Sciatic pain is improving and he is sleeping better. Diagnoses include: shoulder joint pain, lower leg pain, cervical degenerative disc disease, cervical post-laminectomy syndrome, bulging lumbar disc and cervicalgia. Plan of care includes: purchase of home H-wave device system treat 2 times per day for 30-60 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) home H-Wave device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints: Electrical Therapies) (2007), pg 172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-wave stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, one (1) home H-wave device is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are shoulder joint pain; lower leg pain: cervical DDD; cervical post laminectomy syndrome; bulging lumbar disc; and cervicgia. Date of injury is June 24, 1999. Request authorization is July 27, 2015. According to the Patient Compliance Outcome Report, the injured worker trialed the H wave device from April 17, 2015 through July 9, 2015. There was no associated decrease in medication use or elimination of medications. There is no documentation of concurrent or ongoing physical therapy. Pre-H wave device pain scale was 8/10. There was no post H wave device pain scale. Percent improvement was only 30%. According to a July 16, 2015 progress note, subjectively the worker complains of low back pain that radiates to the left lower extremity. Pain score is 9/10. The injured worker also complained of bilateral shoulder and knee pain. The treating provider states the injured worker continues to trial (initial H waived trial was 83 days) the H wave unit with slight benefit. The documentation does not demonstrate objective functional improvement during the H wave trial and in the immediate post trial period. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, minimal subjective improvement during the H wave trial and post trial and no documentation demonstrating objective functional improvement in the progress note dated July 16, 2015 (post trial period), one (1) home H-wave device is not medically necessary.