

Case Number:	CM15-0192498		
Date Assigned:	10/06/2015	Date of Injury:	06/11/2012
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: Connecticut, California, Virginia
 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 34 year old male, who sustained an industrial injury on June 11, 2012, incurring head, neck, low back and shoulder injuries. He was diagnosed with a crush injury, multiple traumatic injuries, multiple fractured vertebrae, lumbar disc disease, lumbosacral radiculopathy, concussion, and a torn right rotator cuff. Treatment included physical therapy, pain medications, anti-inflammatory drugs, muscle relaxants, antidepressants and sleep aides, epidural steroid injection, transcutaneous electrical stimulation, physical therapy and home exercise program, Cognitive Behavioral Therapy, and activity restrictions. He underwent a surgical right rotator cuff repair but remained with limited range of motion. Currently, the injured worker complained of persistent low back pain rated 7 out of 10 on a pain scale from 0 to 10 without medications and 3 out of 10 with medications. His pain was worse with standing, bending and lifting and improved with laying down, medications injections ice and heat. The injured worker reported the ability to perform more activity and greater function due to the H-wave device. The treatment plan that was requested for authorization on September 30, 2015, included a Home H-wave device. He noted improvement with sleeping, accomplishing household chores, standing and sitting for longer periods of time, home exercising and improved social interactions. On September 1, 2015, a request for a home H-wave device was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chronic Pain Disorders, H-wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: H-Wave stimulation is not recommended by the MTUS guidelines as an isolated intervention, but a one-month home-based trial of H-Wave 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 (exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, it appears that support to purchase H-wave device is adequate. Given the guidelines and provided records, the request is considered medically necessary in this case of chronic pain.