

Case Number:	CM15-0194222		
Date Assigned:	10/08/2015	Date of Injury:	02/15/2012
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 2-15-2012. A review of the medical records indicates that the injured worker is undergoing treatment for pain in shoulder joint, lumbosacral spondylosis, cervical disc displacement, and lumbar disc displacement without myelopathy. On 9-4-2015, the injured worker reported chronic and worsening neck pain radiating down into her left upper extremity with some numbness and tingling into the hand, worsening low back pain radiating down her left lower extremity, and left shoulder pain. The Primary Treating Physician's report dated 9-4-2015, noted the injured worker's current medications included Buprenorphine, Nabumetone, Orphenadrine, Pantoprazole, Topamax, Venlafaxine, and Atenolol. The physical examination was noted to show the cervical spine with tenderness to palpation at the left sided cervical paraspinal muscles with muscle tension extending into the left upper trapezius muscle with decreased cervical spine range of motion (ROM). The lumbar spine was noted to have tenderness to palpation of the lumbosacral region with decreased range of motion (ROM). Prior treatments have included a lumbar epidural steroid injections (ESIs) noted to have reduced the pain, at least 10 sessions of acupuncture, Functional Restoration Program, at least 18 sessions of physical therapy, TENS unit noted not to help, and H-wave stimulation with benefit noted. The Physician noted a review of physical therapy reports noted the injured worker did not benefit from TENS but did benefit from H- wave. The treatment plan was noted to include requests for authorization for bilateral transforaminal lumbar epidural steroid injection (ESI) at L5-S1 and H-wave machine trial. The request for authorization dated 9-18-2015, requested an H-wave machine trial and supplies. The Utilization Review (UR) dated 9-24-2015, denied the request for an H-wave machine trial and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave machine trial and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) not recommended 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does indicate the request is for a trial however the amount of time for the trial is not specified and there is no evidence of use as an adjunct to evidence based functional restoration program. Therefore criteria for a home unit purchase have not been met and the request is not medically necessary.