MAXIMUS Federal Services

Case Number:	CM15-0196756		
Date Assigned:	10/12/2015	Date of Injury:	10/28/2013
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old woman sustained an industrial injury on 10-28-2013. Diagnoses include cervical spine sprain and shoulder and upper arm strain. Treatment has included oral medications, TENS unit, physical therapy, chiropractic care, and acupuncture. Physician notes dated 9-15-2015 show complaints of cervical spine pain. The physical examination shows a 50% decrease in pain level, decreased need for pain medications, and improved function with a trail of H-wave therapy. Recommendations include H-wave system purchase. Utilization Review denied a request for purchase of H-wave system on 10-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase/indefinite use: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), H-wave stimulation (devices).

Decision rationale: Per the ODG guidelines regarding H-wave stimulation: Not recommended as an isolated intervention for chronic pain, but a one-month home-based trial may be considered as a non-invasive conservative option in accordance with the criteria below. There is insufficient evidence to recommend the use of H-wave stimulation (HWT) for the treatment of chronic pain as no high quality studies on this topic were identified. If it is used, HWT is not recommended as an isolated intervention. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. Two RCTs show reduction in pain and discomfort specifically associated with diabetic peripheral neuropathy. (Kumar 1997) (Kumar 1998) Uncontrolled studies of HWT in patients with chronic soft tissue injury or neuropathic pain have reported reductions in pain and use of pain medication and improved functional capacity or activity. The patient selection criteria included unresponsiveness to physical therapy, medications, and TENS. While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for H-wave stimulation (HWT) to be determined to be medically necessary: A. HWT may be considered on a trial basis if other noninvasive, conservative modalities for the treatment of chronic pain have failed. While medical providers may perform HWT, H-wave devices are also available for home use. Rental would be preferred over purchase during a home trial. Trial periods of more than one month should be justified by documentation submitted for review. B. Although there are no high quality studies to guide recommendations for use, a one-month home-based trial of HWT may be considered following a documented face-to-face clinical evaluation and physical examination performed by the recommending physician, who should also document the following in the medical record: (1) The reason the physician believes that HWT may lead to functional improvement and/or reduction in pain for the patient; & (2) PT, home exercise and medications have not resulted in functional improvement or reduction in pain; (3) The use of TENS for at least a month has not resulted in functional improvement or reduction in pain. C. The one-month initial trial will permit the physician and PT provider to evaluate any effects and benefits. A follow-up evaluation by the physician should take place to document how often the unit was used and any subjective improvement in pain and function. There should be evidence of less reported pain combined with increased functional improvement or medication reduction. D. If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention should be periodically reassessed and documented. Per progress report dated 9/15/15, it was noted following trial of H-Wave unit from 8/4/15 to 8/26/15, Patient has reported a decrease in the need for oral medication due to the use of the H-Wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient has reported after use of the H-Wave device a 50% reduction in pain. Patient has given these examples of increased function due to H-Wave: "Walk farther, more housework, sleep better, more family interaction." Patient also made the following comments regarding the use of the H-Wave device: "It really helps me with pain management." The patient is utilizing the home H-Wave 2 times per day, 7 days per week, 30-45 minutes per session. Other treatments used prior to home H-Wave: TENS Unit, Physical Therapy, Medications, Chiropractic, and Acupuncture. Per the citation above, (1) The reason the physician believes that HWT may lead to functional improvement and/or reduction in pain for the patient; the documentation submitted for review contained no such statement from the provider. Furthermore, a one month trial was not completed, only a 22 day trial. Therefore, the request for Home H-wave device for purchase/indefinite use is not medically necessary.