

Case Number:	CM15-0204575		
Date Assigned:	10/21/2015	Date of Injury:	05/30/2008
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 was a 39 year old female, who sustained an industrial injury, May 30, 2008. The injured worker was undergoing treatment for chronic cervical pain with C5-C6 disc protrusion, chronic thoracic myofascial pain with negative thoracic MRI, chronic lumbosacral myofascial pain with reportedly negative MRI, chronic right greater than the left S1 joint pain contributing to the back pain along the bilateral trochanteric bursitis, chronic bilateral shoulder sprain, chronic knee sprain with negative MRI, chronic chest wall pain, chronic bilateral lower extremity radicular symptoms, chronic situational anxiety disorder and abdominal pain of unknown etiology. According to the compliance and outcome report of April 9, 2015 the injured worker participated in a home trial for 27 days for H-wave device at home. The injured worker reported decreased use of medications. The H-wave helped more than prior treatments. The injured worker reported better sleep and ability to sit longer. The injured worker reported a 20% increase in improvement. According to progress note of August 25, 2015, the injured worker's chief complaint was neck pain, upper and lower back pain. The physical exam noted tenderness in both knees. Anteflexion of the trunk on the pelvis allowed a 45 degree of flexion, extension was 10 degrees, rotation to the right and left was 5 degrees. There was tenderness from C2 to C7-T1 and parathoracic tenderness from T1-T12-L1. There was paralumbar tenderness from L1 to L5-S1. There were thoracic spasms, lumbar spasms and slight cervical spasms. According to this progress note the injured worker had an H-wave device, but was unable to use, due to no electrodes. The injured worker previously received the following treatments home trial of H-wave device and Lyrica for neuropathic pain. The RFA (request for authorization) dated

September 24, 2015, the following treatments were requested the purchase of home H-wave device. The UR (utilization review board) denied certification on October 5, 2015; for a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: H-wave stimulation is an isolated intervention, but a one-month home-based trial 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 (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. The records do not substantiate that this injured worker has failed other conventional therapy to medically justify H-wave system use. The request is not medically necessary.