

Case Number:	CM15-0024253		
Date Assigned:	02/13/2015	Date of Injury:	03/20/2007
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: TR, 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:

This 66 year old woman sustained an industrial injury on 3/20/2007. The mechanism of injury was not detailed. Treatment has included oral medications, TENS unit, and physical therapy. Physician notes on a PR-2 dated 12/29/2014 show complaints of pain and activity impairment. There are notations that the worker has utilized an H-wave unit for several months resulting in a subjective increased ability to perform activities and greater overall functioning. A recommendation was made to purchase a home H-wave unit and use twice per day for 30-60 minutes as needed. On 1/14/2015, Utilization Review evaluated a prescription for H-wave unit, that was submitted on 2/5/2015. The UR physician noted that H-wave may be appropriate following failure of conservative care. However, it does not appear that the worker has failed all medications. The worker has experienced good results with Norco. However, the worker has continued use of the Norco while trialing the H-wave unit and although she was able to have a decrease in pain medications, there was no increase in ability to perform activities of daily living or evidence of objective functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-18.

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). While the patient remains off work, a 20% improvement is noted but without objective evidence to indicate improvements in activities of daily living or decreased work restrictions. The patient clearly appears to continue with dependency to Norco, which is concerning in terms of long term care planning. Encouragingly, the patient appears to be quite compliant with the H-wave treatment. If an H-wave were requested as a part of a formal written plan to wean from Norco and formalize a plan for functional improvement, it could possibly be considered medically necessary, but with continued plans to mitigate pain with opiates and no objective evidence of functional improvement documented in the provided records, unfortunately, based on the guidelines, the request can not be considered medically necessary at this time.