

Case Number:	CM15-0026607		
Date Assigned:	02/19/2015	Date of Injury:	09/30/2012
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 44-year-old female, with a reported date of injury of 09/30/2012. The diagnoses include thoracic sprain, neck sprain, myalgia and myositis, and cervical intervertebral disc displacement without myelopathy. Treatments have included a transcutaneous electrical nerve system (TENS) unit, oral medications, and physical therapy. The Primary Treating Physician's Narrative Report dated 01/12/2015 indicates that the injured worker complained of pain, and showed impaired activities of daily living. She used a home H-wave at no cost for evaluation purposes from 11/03/2014 to 12/23/2014. The injured worker reported a decrease in the need for oral medication due to the use of the H-wave device. She also reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The treating physician requested the purchase of a home H-wave unit two times per day for 30-60 minutes per treatment as needed. The goal was to reduce and/or eliminate pain, to improve functional capacity and activities of daily living, to reduce or prevent the need for oral medication, to improve circulation and decrease congestion in the injured region, to decrease or prevent muscle spasm and muscle atrophy, and to provide a self-management tool to the injured worker. On 01/21/2015, Utilization Review (UR) denied the request for the purchase of a home H-wave unit, noting that there was no indication of any system to monitor how the injured worker would use this device to determine if the injured worker continued to obtain a benefit. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device E1399 for Purchase: Overturned

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review."The treating physician has detailed a trial and failure of first line therapies. In addition the patient got significant pain relief from a trial of H- wave therapy and decreased pain medication usage. The patient also had improved functional from the use of a H Wave device. As such, the request for Home H-Wave Device E1399 for Purchase is medically necessary.