MAXIMUS Federal Services

Case Number:	CM15-0210330		
Date Assigned:	10/29/2015	Date of Injury:	11/28/2014
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 43 year old female, who sustained an industrial injury on 11-28-2014. A review of the medical records indicates that the worker is undergoing treatment for cervical spine degenerative joint disease, thoracic strain and resolved lumbar strain. Treatment has included Naproxen, Vicodin, aqua therapy and H wave unit. An H wave patient delivery evaluation form dated 6-10-2014 noted that prior to H wave treatment, the worker reported dully, achy, crampy pain that was rated as 4 out of 10 and that post 30-45 minute H wave treatment the worker reported feeling better with less pain and tension and pain rating of 3 out of 10 and increased range of motion. On 05-28-2015 the physician noted that a 30 day trial of H wave unit was being initiated with treatment goals of reducing or eliminating pain, reducing the need for oral medications, decreasing of preventing muscle spasm and atrophy, improving functional capacity and circulation and proving a self-management tool to the patient. An H wave patient compliance and outcome report dated 09-17-2015 noted that home H wave was initiated on 06- 10-2015 and that H wave unit did not allow a decrease in the amount of pain medication but did allow for increased daily activities including walking farther and more family interaction and was noted to decrease pain by 20%. Subjective complaints (09-08-2015) included soreness of the cervical spine and pain with range of motion of the cervical spine and lumbar spine pain with increased left leg pain and tingling. Pain level was not quantified. Objective findings (09-08- 2015) included tenderness of the cervical spine bilaterally with decreased range of motion and tenderness to palpation of the lumbar spine on the left with positive straight leg raise on the left. The physician noted that the H wave unit which was utilized from 06-10-2015-08-13-2015 had decreased the need for oral medication, increased ability to perform more

activity and greater overall function and was utilizing the H wave unit once a day, 4 days a week for 30-45 minutes per session. A utilization review dated 10-05-2015 non-certified a request for H-wave unit (indefinite use) QTY:1.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit (indefinite use) quantity: 1: Overturned

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): Electrical stimulators (E-stim).

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 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 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 available medical record notes this IW reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more house work, etc). In additional documentation not available to the original reviewer the treating physician provides more substantial documentation of failure of conservative therapies as well as objective improvements during and after the H-wave trial. Additionally, massage therapy and medications are to be continued along with the H-Wave indicating it would be used as an adjunct to ongoing treatment modalities. As such, I am reversing the prior UR and deem the request for 1 H-wave medically necessary.