MAXIMUS Federal Services

Case Number:	CM15-0214343		
Date Assigned:	11/04/2015	Date of Injury:	04/27/2014
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on 4-27-14. The injured worker was being treated for cervical radiculopathy, muscle spasm, occipital neuralgia, cervical disc disorder and pain disorder with both psychological factors and an orthopedic condition. On 6-10-15 and 9-21-15, the injured worker complains of neck pan radiating down right arm with headaches; he rates the pain 7 out of 10 without medications and 3 out of 10 with medications. He notes the medications are working well and his quality of sleep is good. He notes he used an H-Wave machine in 2014 and it worked well, he is requesting again for pain flares. Work status is unclear. Physical exam performed on 6-10-15 revealed no abnormalities and on 9-21-15 revealed he appears in mild pain, restricted cervical spine range of motion, tenderness at rhomboids and trapezius and Spurling's maneuver causes pain in muscles of neck without radicular symptoms. Treatment to date has included oral medications including Ibuprofen, Zanaflex, Imitrex, Lyrica, Norco and Atenolol; topical Lidoderm 5% patch and Flector 1.3 patch; functional restoration program, physical therapy, TENS unit, Chiropractic treatment and activity modifications. The treatment plan included continuation of medications and request for an H-wave. On 9-24-15 request for authorization was submitted for H-wave. On 11-5-15 request for H-wave was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit, purchase: 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): Transcutaneous electrotherapy.

Decision rationale: The current request is for an H-WAVE UNIT, PURCHASE. The RFA is dated 09/24/15. Treatment to date has included oral medications including Ibuprofen, Zanaflex, Imitrex, Lyrica, Norco and Atenolol, Lidoderm 5% patch and Flector 1.3 patches, functional restoration program, physical therapy, acupuncture treatments, TENS unit, chiropractic treatment and activity modifications. The patient remains temporarily totally disabled. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "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." Per report 10/19/15, the patient presents with chronic neck pain radiating from the neck to the right arm. The patient continues to request an H-wave unit to use for "pain flare." He states that "he has trial H-wave in 2014 which he reported that it worked very well but had to return it and reports also using it more recently during EBFR which allowed him to increase his exercise" and allow him to prevent medication escalation during pain flare. In this case, this patient most recently trialed an H-wave device while participating in a Functional Restoration Program. It was noted that with the use of the device, the patient increased his exercises and decreased his medications during his flare-ups. The patient has failed conservative care including TENS unit, medications and physical therapy. Given the successful trial, long-term use appears reasonable and IS medically necessary.