MAXIMUS Federal Services

Case Number:	CM15-0218307		
Date Assigned:	11/10/2015	Date of Injury:	11/18/2014
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/05/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 11-18-14. The injured worker was diagnosed as having lumbosacral spine spondylosis without myelopathy, calcium deposits in tendon and bursa and cervical spondylosis without myelopathy. Subjective findings (4-29-15, 8-13-15 and 9-24-15) indicated left knee pain secondary to back pain. Objective findings (4-29-15, 8-13-15 and 9-24-15) revealed musculoskeletal exam was clinically unchanged. On 9-22-15 the injured worker reported the ability to perform more activity and greater overall function due to the use of the H-wave device. Treatment to date has included physical therapy x 6 sessions for the left shoulder, a lumbar MRI on 12-11-14 showing mild spinal stenosis at L3-L4 and L4-L5 due to concentric disc bulges and facet degenerative changes, Anaprox, Ultram and Prilosec. The Utilization Review dated 10-7-15, non-certified the request for a home H-wave device for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant was on H-wave for several months. The claimant still required iontophoresis, invasive procedures, and pain medications. Long-term use is not supported by evidence, future need cannot be predicted. Purchase is not medically necessary.