

Case Number:	CM15-0225445		
Date Assigned:	11/23/2015	Date of Injury:	11/26/2002
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/17/2015

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 63 year old female, who sustained an industrial injury on 11-26-2002. The injured worker was diagnosed as having status post right shoulder decompression, status post anterior decompression and fusion at C5-6, C4-5 degenerative disc disease, cervicgia, cervical disc displacement, spinal stenosis, and sprain in thoracic region. Treatment to date has included diagnostics, cervical spinal surgery 2007, physical therapy, transcutaneous electrical nerve stimulation unit, acupuncture, and medications. On 10-14-2015 (per H-Wave Patient Compliance and Outcome Report), the injured worker complains of neck and low back symptoms. H-wave was documented as helping the "same" as prior treatment, noting transcutaneous electrical nerve stimulation unit, physical therapy, home exercise, and surgeries. The H-wave did not allow the injured worker to decrease or eliminate the amount of medication taken (medication unspecified). Benefits of H-wave were noted as "it relaxes my back temporarily", noting pain levels and-or loss of function right before H-wave use as 8 out of 10 (pain rated 6-7 out of 10 on 9-03-2015). Percentage of improvement of H-wave was 60%, noting use twice daily for less than 30 minutes. Function with activities of daily living was not described. Work status was permanent and stationary. On 11-02-2015 Utilization Review non-certified a request for 1 home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home h-wave device: Upheld

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: 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 did not have sustaining or significant benefit from an H-wave unit Long-term use is not recommended. Therefore the request for at home use of an H-wave unit is not medically necessary.