

Case Number:	CM15-0030963		
Date Assigned:	02/24/2015	Date of Injury:	06/05/2012
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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 44 year old male police officer who sustained an industrial injury when the injured worker had chest pain on June 5, 2012. No other details were documented. The injured worker was diagnosed with cervical radiculopathy, disc herniation at C5-C6 and C6-C7, L4-L5-disc herniation with lumbar radiculopathy, bilateral tendinitis of the shoulders, myocardial infarction, depression and chronic right knee pain. The injured worker had a single coronary artery bypass in June 2012. Treatment modalities consist of cervical epidural steroid injection (ESI) in April 2013, cervical differential diagnostic facet block in July 2013, an interlaminar cervical epidural steroid injection (ESI) at C6-C7 on June 11, 2014. According to the primary treating physician's progress report on December 12, 2014 the injured worker continues to experience right sided neck and shoulder pain with numbness and tingling to the right arm. Current medications consist of nitroglycerine, atorvastatin, anti-hypertensive medication, aspirin and multi-vitamins. The injured worker has had physical therapy and a home exercise program was to be continued. The treating physician requested authorization for Purchase of Home H-Wave Device QTY: 1. On January 20, 2015 the Utilization Review denied certification for Purchase of Home H-Wave Device QTY: 1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave Device QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 114-121, 117-118.

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

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 the diagnoses or interventions noted above. In addition, the claimant had received more invasive interventions with a likelihood of more benefit including epidural injections. Rental is preferred over purchase. The claimant had already received 1 month of H-wave and previously received TENS and therapy. There is no mention of a functional restoration program. Long-term /permanent use is not recommended. Therefore the request for purchase of an H-wave unit is not medically necessary.