

Case Number:	CM15-0033636		
Date Assigned:	02/27/2015	Date of Injury:	01/07/2004
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 57-year-old male who reported an injury on 01/07/2004. The mechanism of injury was not specifically stated. The current diagnoses include status post closed head injury with concussion; status post lumbar fusion at L4-S1 on 04/28/2013; right shoulder strain with impingement; bilateral hip pain; status post C3-6 fusion on 06/22/2010; upper thoracic strain; aggravation of high blood pressure; secondary depression/anxiety; insomnia secondary to chronic pain; left shoulder pain; and aggravation of GERD and hemorrhoids due to chronic use of opioids. On 01/02/2015, the injured worker presented for a follow-up evaluation with several complaints of pain over multiple areas of the body, as well as sleep difficulty, depression, and anxiety. Upon examination of the lumbar spine, there was a healed surgical scar from L2-S1, limited range of motion, moderate spasm and tenderness, and an antalgic gait. Examination of the bilateral shoulders also revealed tenderness over the right AC joint region, with limited range of motion bilaterally. Examination of the cervical spine revealed slight to moderate spasm bilaterally; an anterior surgical scar, and limited range of motion with decreased sensation in the C6 and C7 dermatomes of the left upper extremity. Treatment recommendations at that time included continuation of the current medication regimen. The injured worker was referred for a course of physical therapy. Additionally, recommendations included H-Wave machine supplies. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave machine supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation 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. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care, including physical therapy, medications, and TENS therapy. In this case, it was noted that the injured worker currently utilizes an H-Wave device. However, there was no documentation of significant functional improvement despite the ongoing use of the H-Wave stimulator. There was no mention of a failure of recommended conservative treatment including physical therapy and TENS therapy. The request as submitted also failed to indicate a specific type of supply and the quantity being requested. Given the above, the request is not medically appropriate.