

Case Number:	CM15-0049775		
Date Assigned:	04/06/2015	Date of Injury:	02/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management

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 year old female, who sustained an industrial injury on February 19, 2014. She reported neck, upper back, bilateral upper extremities, bilateral shoulders, bilateral wrists and hands, and back injuries. The injured worker was diagnosed as having neck sprain and lumbar sprain. Treatment to date has included MRI, electrodiagnostic studies of the lower extremities, x-rays, work modifications, home exercise program, physical therapy, acupuncture, and pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. She had trialed a transcutaneous electrical nerve stimulation (TENS) unit, but found it to be painful. On December 17, 2014, the injured worker complains of pain and impaired activities of daily living. The injured worker had used a home H-wave device from August 25, 2014 to December 1, 2014. She reports a decreased need for pain medication and improved ability to perform more activity and greater overall function with the use of the home H-wave device. She uses the home H-wave device twice a day for 30-45 minutes each session, 7 days/week. The treatment plan includes the purchase of a home H-wave device and system with treatment two times a day for 30-60 minutes/treatment as needed.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive 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, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it appears the patient has undergone a tens unit trial. Additionally, it appears that an H-wave unit trial has resulted in improved pain and function and reduction in medication use. Additionally, it appears the patient has failed numerous conservative treatment options, and has been instructed to utilize an HEP. As such, the currently requested H wave device is medically necessary.