MAXIMUS Federal Services

Case Number:	CM15-0084211		
Date Assigned:	05/06/2015	Date of Injury:	08/28/2009
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 47 year old female, who sustained an industrial injury on 8/28/09. She reported initial complaints of neck pain. The injured worker was diagnosed as having L5-S1 facet arthropathy, C7-T2 disc displacement/degeneration; C4-6 facet arthropathy; chronic cervical pain; cervicogenic headaches; chronic lumbar pain. Treatment to date has included physical therapy; acupuncture; TENS unit; medications. Diagnostics included MRI cervical spine 12/19/13). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker is seen for follow-up evaluation. She has been denied in the past authorizations for recommended facet blocks from C3-C6 and L5-S1. She has been participating in a 30 day trial of the TENS unit. She continues to have neck pain rated at 7-8/10 without use of her medications and reduces to 2-3/10 with medications. She continues to have low back pain rated at 7-8/10 without medications and 2-3/10 with medications. She continues to have headaches rated at 8-10/10 without medications and with medications 1-2/10. Current medications are documented as Duexis 800/26.6mg tab and Frova 2.5mg tab for migraine. A physical examination is documented. She has completed the TENS unit trial and had suboptimal relief of symptoms. Therefore, on this date she is going to do a 30 day trial of the H wave unit. He is persistent in requesting the denied facet blocks for the cervical and lumbar spine. He has also requested the Home H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-119.

Decision rationale: H-wave stimulation is an isolated intervention, but a one-month home-based trial 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. The records do not substantiate that this injured worker has failed other conventional therapy to medically justify H-wave system use. Therefore the request is not medically necessary.