

Case Number:	CM14-0134657		
Date Assigned:	08/27/2014	Date of Injury:	10/14/2013
Decision Date:	09/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who reported an injury due to falling forward hitting her head and then falling backward on 10/14/2013. On 10/16/2013, her diagnoses included scalp contusion and cervical neck strain. Cervical x-rays taken that day were normal. On 05/23/2014, her diagnoses included cervical acceleration/deceleration syndrome, cervical thoracic subluxation, and cervical myospasm. It was noted that she had partaken in the following therapies: spinal manipulation, myofascial release, deep tissue massage, physiotherapy, electro stimulation and ultrasound, ice, heat, and hydro bed. The timeframes, modalities, or results of any of the above therapies were not included in the submitted documentation. On 07/25/2014, the recommendation was for pain management and orthopedic consults. On 07/30/2014, it was noted that this injured worker had used an H-Wave unit at no cost for evaluation purposes for 1 month. She reported that it increased her ability to perform daily activities and increased her overall functioning while decreasing her pain and allowing her to have better quality sleep. She reported using the H-Wave unit 2 times per day, 7 days per week, for 30 to 45 minutes per session. The rationale stated that continued use of this device was evidence based, safe, drug free, reasonable and medically necessary. A Request for Authorization dated 07/30/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE: HOME H-WAVE DEVICE (E1399): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic and Pain, H-wave stimulation (devices).

Decision rationale: The Official Disability Guidelines do not recommend H-Wave stimulation devices as isolated intervention, but a 1 month home based trial of H-Wave stimulation may be considered as a noninvasive conservative option for neuropathic pain, 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, exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). Although the submitted documentation did mention a variety of conservative care modalities, the results of those interventions were not documented in the clinical file submitted for review. Although this injured worker reported some benefit through using the H-Wave device, there was no quantifiable evidence of increased function or decreased pain due to the use of this device. The need for an H-Wave device was not clearly demonstrated in the submitted documentation. Therefore, the request for DME Purchase: Home H-Wave Device (E1399) is not medically necessary.