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| Case Number: | CM15-0014844 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 10/05/1999 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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 45 year old male who sustained an industrial injury on 10/05/1999. Current diagnosis includes degeneration of lumbar or lumbosacral intervertebral disc. Previous treatments included medication management, TENS unit, physical therapy, injections, and acupuncture. Report dated 12/11/2014 noted that the injured worker presented for follow up after trial of H-Wave unit. Physical examination was positive for abnormal findings. Documentation supports that the injured worker went through a trial of the H-wave system on 10/06/2014-11/10/2014 and noted the increased daily activities, decreased medication use, and 50% pain reduction. The treatment plan included request for purchase of H-wave machine. Disputed treatments include H-wave home care system (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Home Care System: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, H-wave stimulation.

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

Decision rationale: The patient presents on 12/11/14 with unrated lower back pain. The patient's date of injury is 10/05/99. Patient is status post right L5 transforaminal ESI on 07/11/14. The request is for H-WAVE HOME CARE SYSTEM. The RFA is dated 12/11/14. The progress note associated with this request, dated 12/11/14, does not include any physical findings. The objective findings field is dedicated to a dialogue regarding the success of recent H-wave trial, stating: "Patient has reported decrease in need for oral medications... patient has reported the ability to perform more activity and greater overall function... patient reports a 50% reduction in pain." The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working. Per MTUS Guidelines page 117, "H-wave 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 if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In regard to the purchase of a home-use H-wave device, the request is appropriate. Progress note dated 12/11/15 indicates that this patient has failed a trial of TENS unit, physical therapy, and medications. The same progress note documents the efficacy of the unit during a 1 month trial, stating: "Patient has reported decrease in need for oral medications... patient has reported the ability to perform more activity and greater overall function... patient reports a 50% reduction in pain." In addition, utilization review appeal letter dated 12/26/14, written by the requesting provider re-enforces the request: "prior to the H-wave trial, the patient was taking 10mg Norco 3 times per day... Since his H-wave use, this has been reduced to 10mg once per day or less." Given the documented reduction in pain following a 30-day trial, functional improvements, and stated medication reductions, the purchase of the requested unit is substantiated. The request IS medically necessary.