

Case Number:	CM15-0018092		
Date Assigned:	02/05/2015	Date of Injury:	01/10/2002
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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:

This 46 year old man sustained an industrial injury on 1/10/2002. The mechanism of injury is not detailed. Current diagnoses include discogenic cervical condition status post cervical fusion, discogenic lumbar condition status post fusion, and chronic pain syndrome. Treatment has included oral medications, chiropractic treatment, home exercise program, and surgical intervention. Physician notes dated 12/24/2014 show cervical and lumbar pain that is unchanged. Recommendations include medication refills and H-wave replacement pads as he has been receiving them in the mail, however, none have come lately. H-wave is explained to decrease his pain level and help him with activities of daily living. However, no pain ratings are noted as well as other objective measurements. It is noted that pain is said to be the same as his last visit. On 1/9/2015, Utilization Review evaluated a prescription for H-wave replacement pads, that was submitted on 1/23/2015. The UR physician noted H-wave is not recommended as an isolated intervention, rather, it is recommended in conjunction of a program whose base is in functional restoration and following failure of conservative care. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave replacement pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave devices Page(s): 117-118.

Decision rationale: The patient presents with chronic cervical and lumbar pain s/p cervical and lumbar fusion and a diagnosis of Chronic Pain Syndrome. The current request is for H-Wave Replacement Pads per the 12/24/14 report. The RFA is not included. The patient is not working. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The reports provided for review show that the patient has been using an H-wave device since at least 06/25/14. The 12/24/14 report states, "He uses H-wave to decrease his pain level and help him able (sic) to function as well as help with activities of daily living" This report also states that pain is relatively unchanged. However, the reports do not explain how the H-wave device is used. The treater makes a general statement about pain reduction; however, the amount of pain reduction and functional improvement is not documented. In this case, the request IS NOT medically necessary.