

Case Number:	CM15-0112576		
Date Assigned:	06/19/2015	Date of Injury:	06/09/2012
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 58-year-old female who sustained an industrial injury on 06/09/2012. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having bilateral chronic S1 radiculopathy confirmed by EMG study dated 05/13/2014, reactive depression, possible rotator cuff tear right shoulder, right carpal tunnel syndrome, L4-5 and L5-S1 disc degeneration/stenosis, right cervical radiculopathy with weakness, limited range of motion, lumbar spine, right shoulder impingement, mild, right greater trochanter bursitis, left breast implant displacement secondary to trauma, status post revision silicone implant 8/2012, status post L3-S1 laminotomy, foraminotomy, with L4-L5 fusion (08/06/2014). Treatment to date has included surgery, medications, MRI and X-rays. She has been using a H wave unit. Currently, the injured worker complains of pain and impaired activities of daily living. She complains of neck pain radiating into the right trapezius and down to the right arm and hand, right shoulder pain, low back pain, right greater than left paraspinal with pain radiating into the bilateral hips, and pain over the right greater trochanter bursa. She rates the neck pain, right shoulder pain, low back pain as an 8/10 with medications and a 10/10 without medications. On physical exam, there is tenderness to palpation over the right cervical paraspinal musculature and over the right trapezius. There is tenderness over the base of the neck on the right. Range of motion is significantly decreased in all planes, there is a negative Spurlings. The right shoulder is weaker in motor power in abduction and flexion than the left. The lumbar spine has a well-healed midline lumbar spine incision, and there is tenderness over the right greater trochanter. There is decreased sensation over the right L4 and L5 dermatome

distributions. The range of motion is inhibited in all planes of the lumbar area. Straight leg raise is negative bilaterally at 90 degrees. The worker has used the H-Wave since 04/06/2015 with home exercises. The worker states she has less pain, less swelling and decreased Norco intake. She is using the home H-Wave 3 times per day, 7 days per week, and 45+ minutes per session. Medications include Norco, Naproxen, Gabapentin, and injections. The plan of care is for the worker to proceed with approved MRI scan of the cervical spine, an injection of the right greater trochanter bursa was done, and she is to continue with use of a H wave unit. Follow-up is planned in four to six weeks. A request for authorization is made for Home H-wave device, purchase, Low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase, Low back: Overturned

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 Page(s): 117.

Decision rationale: The California MTUS section on H-wave therapy states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). The patient does have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration in the provided clinical documentation for review. Therefore, the request is medically necessary.