

Case Number:	CM15-0118388		
Date Assigned:	06/26/2015	Date of Injury:	07/07/2000
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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 with an industrial injury 07/07/2000. The method of injury is documented as a motor vehicle accident resulting in injuries to his neck, upper back, lower back and left shoulder. His diagnoses included lumbago, cervical degenerative disc disease, herniated cervical disc, cervical facet arthropathy and sciatica. Comorbid diagnoses included thyroid cancer, asthma, depression, anxiety and arthritis. Prior treatment included medications, TENS, chiropractic treatment, acupuncture, physical therapy, nerve block and lumbar epidural steroid injection. He states relief with chiropractic therapy and greater than 50% relief with lumbar epidural steroid injection, which lasted 2-3 months. He presented on 03/03/2015 for follow up of cervical and low back pain. He rated the pain level as 3/5 with use of his pain medications. He stated continued benefit with use of Baclofen for flare-up of his muscle spasms. Physical exam revealed a slow and right antalgic gait. Bilateral facet loading test was positive. Straight leg raising was positive on the right side. Treatment plan included trial of H wave, awaiting chiropractic authorization and medications. The request is for 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 (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function not documented here. The provider noted request for H-wave trial use; however, reports are without specifics of TENS failed attempt. There is no consistent pain relief in terms of decreasing medication dosing nor is there clear specific objective functional improvement in ADLs demonstrated from the previous conservative treatment. The patient still exhibited persistent subjective pain complaints and unchanged clinical findings for this chronic injury. It does not appear the patient is participating in an active home program or formal therapy for adjunctive exercise towards a functional restoration approach. There are no limitations in ADL, or failed attempts with previous conservative therapy treatments to support for the H-wave unit, not recommended as a first-line approach. There is no change in work status or functional improvement demonstrated to support this home unit. Trial periods of more than one month should be justified by documentation submitted for review; however, submitted reports have not noted duration of the home H-wave device. The Home H-Wave device is not medically necessary and appropriate.