

Case Number:	CM15-0119108		
Date Assigned:	06/29/2015	Date of Injury:	09/18/2014
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 35 year old female who sustained an industrial injury on 9/18/14. Progress note dated 4/23/15 reports continued pain with neck, mid and low back. The lower back pain is the most bothersome and is described as aching and stabbing rated 7-8/10 without medications and 1-2/10 with medication. She is using the H-wave and has noticed 70% improvement. The numbness in her right lower extremity is gone. Diagnoses include low back pain, lumbar degenerative disc disease, lumbar discogenic pain, possible lumbar radicular pain, sacroiliac joint pain and myofascial pain. Plan of care includes: continue with HEP and H-wave, continue medication management; discontinue gabapentin and start gralise at bedtime for neuropathic pain, continue Norco for severe pain. Work status; no restrictions. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase for neck and thoracic: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is 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 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Medical records cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes as well as a decrease in medication usage. Additionally, the medical records provided indicate a failure of medications, TENS and physical therapy. As such, the request for Home H-wave device for purchase for neck and thoracic is medically necessary.