

Case Number:	CM15-0119617		
Date Assigned:	06/29/2015	Date of Injury:	06/13/2014
Decision Date:	09/03/2015	UR Denial Date:	06/02/2015
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: Texas, California
 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:

This is a 51 year old female patient who sustained an industrial injury on June 13, 2014. The diagnoses include chronic pain syndrome, cervical and thoracic myofascial pain syndrome, and persistent low back pain, disc bulging, mild compression fracture of L1. She sustained the injury while working as a home caregiver for her disabled son she was up on a ladder getting a box of diapers and several boxes fell on to her head, neck forcing her to fall down off the ladder with resulting injury. Per the physical therapy appointment dated May 20, 2015, she had complaint of feeling a bit better after the last therapy session along with having had a psychotherapy session as well. She was participating daily on a self-care and exercise program at home and both the neck and back regions were feeling better and less tight. Per the recent follow up visit dated 6/26/2015, she had complaint of pain over the neck, thoracic back, lower back and lower extremities. The physical examination revealed mild tenderness at L4-5 and L5-S1 paraspinals and tenderness/spasm over the T7-T12 paraspinal muscles; pain with lumbar flexion and extension. The medications list includes Tylenol, Cymbalta, Flexeril and Motrin. Per the note dated 5/21/2015, patient had improved function with the use of H-wave. She has had CT thoracic spine dated 10/23/2014, which revealed 40% compression fracture at L1. Previous treatment included: heat and ice application, physical therapy, and injection. She is performing modified work duty. There is recommendation for both a psychological and physical therapy evaluation and the possibility of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Homecare System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117- 118, H-wave stimulation (HWT).

Decision rationale: H-wave Homecare System. Per the CA 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Patient has used a H-wave device. Response in terms of decreased need for medications and increased objective functional improvement is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. H-wave Homecare System is not medically necessary for this patient at this juncture.