

Case Number:	CM15-0125187		
Date Assigned:	07/09/2015	Date of Injury:	05/28/2014
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 43-year-old male, who sustained an industrial injury on 5/28/14. He has reported initial complaints of injury to the cervical spine. The diagnoses have included cervical disc herniation with cord compression and cervical myelopathy. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, massage, transcutaneous electrical nerve stimulation (TENS), psychiatric, and other modalities. Currently, as per the physician progress note dated 5/14/15, the injured worker complains of neck pain and exhibits impaired activities of daily living (ADL). The diagnostic testing that was performed included cervical spine x-rays and cervical Magnetic Resonance Imaging (MRI). The objective findings reveal that he utilized H-wave for evaluation purposes from 4/1/15 to 4/25/15 and he reported a decreased in the need for oral medications due to use of the H-wave. He reported the ability to perform more activity and greater overall function due to the use of the H-wave device. He reported 70 percent reduction in pain with use of the device. The injured worker also reported that it greatly reduced his pain and discomfort. The physician noted that the injured worker has not significantly improved with conservative care. The physician requested treatment included H-Wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-Wave device purchase: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the injured worker has had a trial with the H-Wave unit and reported a decrease in pain and increase in function. It is not clear from the available documentation that the injured worker has failed with all other conservative attempts at treatment, therefore, the request for DME: H-Wave device purchase is determined to not be medically necessary.