

Case Number:	CM15-0173876		
Date Assigned:	09/15/2015	Date of Injury:	09/15/2003
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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 73 year old female who sustained an industrial injury on 09-15-2003. According to a progress report dated 07-22-2015 subjective complaints included pain and impaired activities of daily living. The provider noted that the injured worker utilized a Home H-Wave unit from 06-01-2015 to 07-15-2015. In a survey taken by H-Wave the injured worker reported the following: an 80% reduction in pain after use of the device. "The H-Wave completely numbs my pain." She used the device 1 time per day, 4 days per week 45 plus minutes per session. Other treatments used prior to Home H-Wave included TENS unit, physical therapy, medications, acupuncture and Tai Chi. The treatment plan included purchase of a Home H-Wave device. Diagnoses included displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. An authorization request dated 07-22-2015 was submitted for review. The requested services included Home H-Wave device for purchase indefinite use. On 08-06-2015 Utilization Review non-certified the request for a Home H-Wave device, purchases indefinite use.

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/indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient was injured on 09/15/03 and the patient complains of pain. The request is for a HOME H-WAVE DEVICE, PURCHASE/INDEFINITE USE. The RFA is dated 07/22/15 and the patient's current work status is not provided. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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...and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. The 07/22/15 treatment note states that this patient utilized home H-wave from 6/1/2015 to 7/15/2015. In a survey taken by H-wave the patient has made the following comments. Patient has reported after use of the H-wave device an 80% reduction in pain. I don't want to have surgery or get injections so it is important that I keep the unit. The H-wave completely numbs my pain. The patient is utilizing the home H-wave 1 timer per day, 4 days per week, and 45+ minutes per session. Other treatments used prior to home H-wave: TENS Unit, physical therapy, medications, acupuncture, Tai Chi. Although the patient has received an 80% reduction in pain, there is no documentation of any decrease in medication. Therefore, the requested Home H-wave device IS NOT medically necessary.