

Case Number:	CM15-0177471		
Date Assigned:	09/18/2015	Date of Injury:	11/21/1997
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

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:

The injured worker is a 63 year old female with an industrial injury dated 11-21-1997. A review of the medical records indicates that the injured worker is undergoing treatment for failed surgery syndrome, status post lumbar fusion at three levels, cervical spine degenerative disc disease, cervical spine spinal stenosis and chronic cervical spine sprain and strain. According to the progress note dated 03-23-2015, the injured worker reported increased low back pain, bilateral leg pain (right greater than left) and neck pain. The injured worker rated pain a 9 out of 10 and a 4 out of 10 with medications. Objective findings (03-23-2015) revealed cervical spine spasms, painful and decreased range of motion, positive facet tenderness and bilateral arm radiating pain. Lumbar spine exam revealed painful and limited range of motion with spasm, tenderness to palpitation over right paraspinal musculature and positive bilateral straight leg raises. In a progress note dated 07-29-2015, the injured worker reported pain and impaired activities of daily living. The treating physician reported that the injured worker utilized home H-wave for evaluation purposes from 6-8-2015 to 7-5-2015. The injured worker reported decrease in need for oral medication and ability to perform activities and greater overall function due to H-wave device. The injured worker also reported 80% reduction in pain. Treatment to date consisted diagnostic studies, prescribed medications, home exercise program, H-wave unit, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, chiropractic treatment, acupuncture therapy, and periodic follow up visits. The treating physician prescribed services for Home H-wave device purchase, now under review. The original utilization review (08-10-2015) denied the request for Home H-wave device purchase.

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: Overturned

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 California MTUS section on H-wave therapy states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). The patient does have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration in the provided clinical documentation for review. The documentation shows a one-month trial with objective improvement in pain and function. Therefore the request is medically necessary.