

Case Number:	CM15-0177794		
Date Assigned:	09/18/2015	Date of Injury:	03/26/1999
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
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: California

Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 3-26-1999. Medical records indicate the worker is undergoing treatment for cervical spinal stenosis, cervical disc degeneration, lumbar stenosis, lumbar degenerative disc disease and chronic pain syndrome. A recent progress report dated 8-19-2015, reported the injured worker had trialed an H wave device and it enabled him to walk further and improved overall function. An office visit note from 6-30-2015 reported the injured worker complained of neck and low back pain rated 5 out of 10. Physical examination revealed bilateral paracervical and trapezial tenderness. Cervical range of motion was flexion 35 degrees, extension 35 degrees, left and right lateral bending 20 degrees and left and right rotation of 40 degrees. Physical examination also revealed upper thoracic tenderness, lumbar paraspinal tenderness and lumbar range of motion extension 25 degrees, forward flexion 40 degrees, left and right lateral bending 20 degrees and left and right lateral rotation 20 degrees. Treatment to date has included 6 sessions of physical therapy, Percocet and OxyContin. On 8-18-2015, the Request for Authorization requested an H-wave homecare system. On 8-26-2015, the Utilization Review noncertified a request for an H-wave homecare system.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave homecare system (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: As per MTUS Chronic pain guidelines H-Wave stimulation (HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1 month trial if used as part of an evidence based functional restoration program. Several criteria needs to be met before HWT may be recommended. 1) Failure of conservative therapy. Fails criteria. Patient has ongoing physical therapy and other conservative care ongoing. 2) Failure of TENS therapy. Fails criteria. There is no documentation of TENS failure. 3) Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is suppose to be. 4) Successful trial of HWT for 1 month: Fails criteria. The providers are inappropriately claiming that patient's claimed improvements in pain are due to HWT trial. Patient has ongoing physical therapy. There is no objective improvement in pain and functional status with no noted decrease in opioid use or return to work. Patient continues to be on significant amount of opioids with no noted plan for decrease or weaning. Since documentation does not properly document that HWT is part of an evidence based functional restoration program and the HWT trial is not successful, H-wave unit is not medically necessary.