MAXIMUS Federal Services

Case Number:	CM15-0179022		
Date Assigned:	09/21/2015	Date of Injury:	06/09/2012
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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 58-year-old female, who sustained an industrial injury on June 9, 2012. Medical records indicate that the injured worker is undergoing treatment for bilateral chronic sacral-one radiculopathy, possible right rotator cuff tear, right carpal tunnel syndrome, lumbosacral disc degeneration-stenosis, right cervical radiculopathy with weakness, right greater trochanter bursitis, cervical facet arthropathy, cervical disc degeneration with bilateral foraminal stenosis and right shoulder impingement. The injured worker was noted to be temporarily totally disabled. Current documentation dated August 7, 2015 notes that the injured worker reported ongoing neck pain with associated numbness in the bilateral upper extremities, worse on the right than the left. The injured worker also noted intermittent low back pain with associated numbness in the last three toes on the right side. The cervical and lumbar pain was rated 8-9 out of 10 without medications and 5 out of 10 with medications on the visual analogue scale. Examination of the cervical spine and upper extremities revealed no tenderness or spasms in the cervical region. Sensation was decreased in the right cervical-six dermatome. Orthopedic testing revealed local pain. A Tinel's test was positive over the right cubital tunnel. Examination of the lumbar spine revealed palpable tenderness over the paravertebral muscles bilaterally. Sensation was decreased in the right lumbar-five and sacral-one dermatome. The injured worker continues to us an H-wave unit, which provides temporary relief of her symptoms and avoids increasing her narcotic medications. Treatment and evaluation to date has included medications, urine drug screen, MRI of the lumbar and cervical spine, lumbar and cervical x-rays, electro diagnostic studies of the upper and lower extremities, right greater trochanter injection, lumbar epidural steroid injections, H-wave unit, home exercise program and a lumbar fusion (2014). Current medications include Restoril and Norco. The treating physician's request for authorization dated

August 7, 2015 includes a request for the purchase of a home H-wave unit, for the cervical and lumbar spine. The Utilization Review documentation dated August 31, 2015 non-certified the request for the purchase of a home H-wave unit, for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-wave device, for the cervical and lumbar spine: 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 California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a non-invasive 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective significant improvements in pain and function. Therefore, criteria for a home unit purchase have not been met and the request is not medically necessary.