

Case Number:	CM15-0071063		
Date Assigned:	04/21/2015	Date of Injury:	05/01/2012
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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 (IW) is a 49-year-old female who sustained an industrial injury on 05/01/2012. Diagnoses include cervicalgia. Treatment to date has included medications, physical therapy and H-Wave. Diagnostics included electrodiagnostic testing and x-rays. According to the PR2 dated 2/27/15, the IW reported pain in the neck; she also reported less need for oral medications and improvement in function with trial of H-Wave. A request was made for home H-Wave device purchase for treatment of the neck to decrease pain, reduce the need for oral pain meds and improve functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

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

Decision rationale: The patient presents with neck pain that radiates to the left arm. The request is for a home H-Wave device. The provided RFA is dated 02/26/15 and the patient's date of injury is 05/01/12. The diagnosis is cervicalgia. There are no physical exam findings provided for review. Treatment to date has included medications, physical therapy and H-Wave. There is documentation that use of the H-wave device "eliminated medication". The patient's work status is unavailable. MTUS Guidelines page 117 states, "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. Per progress report dated 02/27/15, treater states, "The patient has reported a decrease in the need for oral medication due to the H-wave and the ability to perform more activity and greater overall function. Function including walk farther, sit longer, sleep better, more family interaction." Per vendor generated report, the patient trialed H-wave unit from 05/13/14 - 06/13/14. It appears patient had a 30 day trial of the unit at no cost, prior to authorization. Treater only prescribed the home H-wave device but H-wave is not intended as an isolated intervention, per MTUS. Furthermore, MTUS requires documentation of failed trial of TENS, which has not been tried and failed. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.