

Case Number:	CM15-0073125		
Date Assigned:	04/23/2015	Date of Injury:	03/21/2005
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, California

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 52-year-old female who sustained an industrial injury on 3/21/05. The diagnoses have included idiopathic scoliosis and lumbar degenerative disc disease (DDD). Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) activity modifications, and trial H-wave device. The diagnostic testing that was performed included x-rays of the thoracic and lumbar spine. The current medications included Norco, Lidoderm patch and Amrix. Currently, as per the physician progress note dated 3/30/15, the injured worker complains of pain and exhibits impaired activities of daily living (ADL). It was noted that the injured worker had utilized the home H-wave unit from 2/17/15 to 3/9/15. It was noted that the injured worker reported a decrease in the need for oral medication, the ability to perform more activities and greater overall function due to the use of the H-wave device. She has reported a 70 percent reduction in pain after the use of the H-wave device. She also reported that she could walk loner, do more housework, sit longer, stand longer, sleep better, and that she had decreased muscle spasms. The previous physical therapy sessions were not noted. Work status was to remain off work. The physician requested treatment included 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-118, H-wave stimulation (HWT).

Decision rationale: Home H-wave device purchase. Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is "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, 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)." Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of Purchase of home h-wave device is not fully established for this patient.