

Case Number:	CM15-0075490		
Date Assigned:	04/27/2015	Date of Injury:	04/04/2006
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old female, who sustained an industrial injury on 04/04/2006. She has reported injury to the right shoulder and low back. The diagnoses have included lumbar sprain and strain; right shoulder impingement; and rule out rotator cuff tear, right shoulder. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. A progress note from the treating physician, dated 03/16/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the right shoulder, neck, and back; and reports a decrease in the need for oral medication, the ability to perform more activity, and greater overall function due to the use of the H-Wave device. Objective findings included increased function with the use of the H-Wave device. The treatment plan has included the request for H-Wave Device Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS Effective July 18, 2009 Page(s): 116 of 127.

Decision rationale: This claimant was injured 9 years ago. There is continued pain. Outcomes of prior TENS unit is not clear from the notes provided. There is reportedly a decrease in the need for oral medicine, and improved function with the H-wave. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.

Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used:-as an adjunct to a program of evidence-based functional restoration-only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave purchase. There were some benefits, but the failure of TENS is not elucidated, and it is not clear it is part of evidence-based functional restoration. The request was appropriately non-certified under MTUS criteria therefore, it is not medically necessary.