

Case Number:	CM15-0090213		
Date Assigned:	05/14/2015	Date of Injury:	06/18/2003
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 06/18/2003. She reported pain in her neck, left shoulder, and arm. The injured worker is currently permanent and stationary and working part time with restrictions. The injured worker is currently diagnosed as having C6-7 disc degeneration, cervical anterior listhesis, right shoulder impingement syndrome, status post total disc arthroplasty at C3-C4 and C5-C6, and status post C6-C7 anterior cervical discectomy and fusion. Treatment and diagnostics to date has included cervical spine surgery, chiropractic treatment, cortisone injections, massage therapy, cervical spine MRI, and medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of right sided neck pain radiating into the right trapezius. Objective findings include decreased sensation over the bilateral C5-C8 dermatome distributions and decreased cervical range of motion. The treating physician reported requesting authorization for H-wave purchase. An H-wave reconsideration letter dated April 15, 2015 states that the patient has failed TENS unit treatment which had no therapeutic or lasting effect in the patient has had access to conservative care. A supplemental report states that the patient has functionally benefited from H-wave unit, which was prescribed to help with pain control in her neck. The H-wave has allowed the injured worker to participate in physical therapy increased mobility, and increased range of motion. She treats twice daily, 7 days a week for 45 minutes with 30% decrease in pain lasting up to 5 hours after each treatment. Pain medication has been decreased. The injured worker is being treated within an evidence-based functional restoration approach, and conservative care with tens unit, physical therapy, and medication have failed to give the injured worker adequate relief. The patient trialed a tens unit from November 2014 to February 2015 in home without objective improvement or meaningful subjective relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave, purchase, appeal: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus trans-cutaneous electrical nerve stimulation. Within the documentation available for review, the requesting physician has indicated that the patient has failed a tens unit trial, and has undergone an H-wave unit trial with benefit in terms of reduced pain scores, improved function, and reduction in medication. Additionally, the notes clearly indicate how frequently the patient uses the device, the duration of use, and what benefits are achieved. Furthermore, it is documented that this is being used in conjunction with a program of evidence-based functional restoration. As such, the currently requested H wave device is medically necessary.