

Case Number:	CM15-0096400		
Date Assigned:	05/26/2015	Date of Injury:	04/30/2014
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 04/30/2014 when headaches fell backwards and struck his head with momentary loss of consciousness. The injured worker was diagnosed with closed head injury, post-concussion syndrome, cervical radiculopathy, headaches and depression. Treatment to date includes head Computed Tomography (CT) in May 2014, cervical spine magnetic resonance imaging (MRI) in June 2014, electro diagnostic studies of the bilateral upper extremity in February 2015, psychiatric evaluation and treatment with pharmacological agents, transcutaneous electrical nerve stimulation (TEN's), physical therapy and medications. According to the primary treating physician on March 2, 2015, it was documented that the injured worker has utilized the H-wave for evaluation purposes from 9/5/2014 to 2/25/2012 with 60% reduction in pain, increased function and improved sleep. According to the Agreed Medical Evaluation report on February 7, 2015, the injured worker continues to experience bilateral neck pain, headaches, and irritability, memory and concentration problems. Examination of the cervical spine demonstrated decreased range of motion in all planes with palpation from the cranium to T1 including the paraspinal, trapezius and rhomboid muscle noting tenderness and spasm bilaterally at C5-C6 spinous process. Spurling's test was positive bilaterally. C5-C8 sensation was intact with decreased sensation to pinprick in the right triceps, deltoid and first dorsal interossei. Motor was decreased in the right deltoid, triceps and wrist extensor. Deep tendon reflexes were within normal limits. Bilateral shoulder noted full range of motion, no pain and a negative compression test. Current medication is listed as bupropion. Treatment plan consists of the current request for Home H

-Wave for an indefinite time period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device (Indefinite Use) Qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-Wave device.

Decision rationale: Pursuant to the Official Disability Guidelines, home H wave device indefinite use is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are sprain of neck; and cervicalgia. Documentation indicates the injured worker used H wave over a five-month period. The documentation provides subjective descriptions with 60% reduction in pain. The documentation does not include the area to be treated. There is no documentation indicating objective functional improvement with H wave treatment. H wave stimulation is not recommended as an isolated intervention. There was no documentation of ongoing, concurrent physical therapy. Additionally, the guidelines state there is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. Consequently, absent guideline recommendations with evidence of objective functional improvement and the area to be treated, home H wave device indefinite use is not medically necessary.