

Case Number:	CM13-0003460		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2010
Decision Date:	02/18/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 76-year-old female who reported an injury on 05/13/2010. The patient is diagnosed with lumbar spine strain/sprain, right shoulder parascapular strain, status post bilateral wrist carpal tunnel release, and cervical spine sprain/strain with upper extremity radiculitis. The patient was seen by [REDACTED] on 08/14/2013. Physical examination revealed decreased cervical spine range of motion, tenderness to palpation with spasm, and decreased sensation in the left upper extremity. Treatment recommendations included an H-wave system and authorization for a cervical spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 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. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care. As per the clinical notes submitted, there is no evidence of a recent failure to respond to conservative treatment including physical therapy and medications, plus transcutaneous electrical nerve stimulation. There was no treatment plan with specific short and long term goals of treatment with the H-wave unit submitted for review. There is no mention of any previous clinical use an of H-wave unit, including a 1 month home based trial. Based on the clinical information received, the request is noncertified.