

Case Number:	CM13-0005964		
Date Assigned:	04/18/2014	Date of Injury:	01/25/2007
Decision Date:	05/28/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert 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 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/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 an employee of [REDACTED] and has submitted a claim for cervical and multilevel lumbar stenosis with radiculopathy associated with an industrial injury date of 01/25/2007. Treatment to date has included lumbar epidural steroid injection, acupuncture, home exercise program, physical therapy, Ortho Stim unit, psychiatric therapy, chiropractic care, and medications including gabapentin, and lorenzepam. Utilization review requesting for 30 day evaluation trial of H-wave was not found in the medical records submitted for review. Medical records from 2012 to 2014 were reviewed showing that patient complained of chronic low back and cervical pain radiating to both upper extremities. Pain was rated 10/10 in severity and relieved upon intake of medications. Physical examination showed tenderness in the suboccipital, paravertebral, bilateral trapezius, right worse than left with hypertonic muscle guarding. Range of motion testing for lumbar spine resulted to pain. There was positive right greater than left radiation upon axial compression test. Sensation was decreased at C5 and C6 dermatomes, bilaterally. Progress notes were handwritten and somewhat illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY EVALUATION TRIAL OF THE H-WAVE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: As stated in pages 117-118 of 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 may be considered as a noninvasive conservative option for 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. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, the patient has been complaining of chronic cervical and lumbar pain and received physical therapy in the past. However, medical records submitted for review do not indicate failure of conservative treatment due to lack of documentation on patient's response to therapy. Although, there is evidence that the patient continues his home exercise program, there was no documentation that the patient initially tried TENS as recommended by the guidelines stated above. In addition, there is no documentation of a short-term and long-term treatment plan from the physician. Therefore, the request for 30 day evaluation trial of the H-wave is not medically necessary.