

Case Number:	CM13-0010589		
Date Assigned:	11/08/2013	Date of Injury:	09/24/1984
Decision Date:	01/29/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/13/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 56-year-old male with a remote date of injury of 9/24/84. The patient has varied complaints including neck and left shoulder pain. A previous cervical MRI performed on 4/16/13 showed degenerative disc disease at multiple levels. Mild to moderate stenosis was noted from C3 through C6, and the claimant was diagnosed with cervical radiculopathy. It is unclear if the patient had focal radicular symptoms or objective signs of radiculopathy on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-Wave unit () between 7/15/2013 and 10/18/2013: Upheld

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

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

Decision rationale: Even if the patient truly had radiculopathy, an H wave stimulator is not indicated for radiculopathy according to California MTUS Guidelines. Instead, California MTUS Guidelines allow a trial of an H wave stimulator only as a conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program

of evidence-based functional restoration. This claimant does not appear to have diabetic neuropathic pain or evidence of chronic soft tissue inflammation. It also does not appear that the patient is involved in any type of functional restoration program. California MTUS Guidelines further require failure of initially recommended conservative care including physical therapy, medications, and potentially a TENS unit. It is not clear if the patient has failed all of these other recommended conservative options. Finally, records suggest that the claimant only had 35% relief with the device. For all of these reasons, the records and guidelines would not support an H wave stimulator based on the information reviewed.