

Case Number:	CM13-0011935		
Date Assigned:	09/27/2013	Date of Injury:	10/01/2012
Decision Date:	04/02/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 Orthopedic Surgery 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 a 62-year-old female who was injured on 07/25/2012. The mechanism of injury was not submitted for review. No medical records were submitted for review other than a note dated 10/18/2013 by [REDACTED], and the prior Utilization Review (UR) report dated 08/07/2013. As per the UR report dated 08/07/2013, MRI of the cervical spine dated 02/06/2013 revealed straightening and kyphosis suggesting spasm. There is a slight anterolisthesis at C4 with respect to C5. The C4-C5 spine has a two (2) mm disc bulge, with left foraminal narrowing and left facet hypertrophy. There are multiple disc level bulges and at C6-C7, and there is a three (3) mm disc bulge with foraminal narrowing. At C3-C4 there is a two (2) mm disc bulge, with left foraminal narrowing. A clinic note dated 07/25/2013 documented the patient was re-evaluated by [REDACTED]; however a comprehensive note indicating functional neurologic deficits or rationale for the request of H-wave home device is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL AND EVALUATION OF AN H-WAVE DEVICE, FOR SYMPTOMS RELATED TO THE NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: The Chronic Pain Guidelines indicate that an H-wave unit it is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. The guidelines also indicate that an H-wave unit may be considered only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there are no records available describing the patient's current clinical status including subjective and objective findings or functional status, as well as prior trial and failure of conservative treatment. Thus, the request for is non-certified.