

Case Number:	CM13-0018423		
Date Assigned:	11/06/2013	Date of Injury:	02/02/2012
Decision Date:	02/10/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 41-year-old female who reported an injury on 02/02/2012. The mechanism of injury was a fall. The patient's initial course of treatment is unclear; however, she is noted to have been diagnosed with cervical disc degeneration 729.1; myalgia and myositis 722.52; lumbosacral degenerative disc disease 300.00; anxiety state 311; and depressive disorder. The patient is known to have had several courses of physical therapy with benefit. There was also discussion of a bilateral upper extremity EMG on 06/27/2012 that was deemed normal. Other conservative care measures that were initiated were medications, to include topical NSAIDs and muscle relaxants. The patient continued to complain of cervical and upper extremity pain, and in 05/2013, she was prescribed a cervical traction device, as well as a 30-day trial of H-Wave stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device x3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: The MTUS Chronic Pain Guidelines recommend electrotherapy as an option in the treatment of chronic pain. Although a TENS unit and H-wave stimulation are both forms of electrotherapy, the MTUS Chronic Pain Guidelines do not refer to them interchangeably. H-Wave stimulation, in particular, is only recommended as a 1 month trial after conservative care has failed, including physical therapy, medications, and a TENS unit trial. The clinical notes submitted for review provide no evidence that a 30 day trial of a transcutaneous electrical nerve stimulation (TENS) unit was attempted before implementing the H-Wave device. As such, the request for a home H-Wave device for 3 months is not medically necessary and appropriate.