

Case Number:	CM13-0019525		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2012
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology, Pain Medicine 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 reported an injury on 08/23/2012 while lifting linen bags to hang on hooks. The patient noted at the time of injury that he had pain to the right thoracic spine. The most recent evaluation of the patient submitted for review is dated 09/10/2013 which indicates that the patient was seen for follow-up evaluation following cervical epidural steroid injection which in fact worsened the patient's arm symptoms. The patient currently has complaints of pain and burning sensation to the bilateral trapezius and mid scapular region with pain radiating down the right dorsal forearm with numbness extending into the right long, ring, and small fingers. Medications currently prescribed to the patient include naproxen 250 mg, and tramadol 50 mg. Clinical evaluation of the patient notes 4/5 strength with right elbow extension, otherwise, upper extremity motor strength is 5/5 in all muscle groups bilaterally. The patient is noted to have a decreased sensation over the right C7 dermatome distribution. Notes indicate in review, that the patient has undergone MRI of the cervical spine which revealed spondylosis at C4-5, C5-6, and C6-7 and disc bulging with 2 mm posterior protrusion at C4-5 and mild retrolisthesis of C5 on C6 and a 2 mm anterolisthesis of C6 on C7. A CT completed of the right upper extremity on 06/07/2013 demonstrated no abnormal findings in the right scapula. Treatment plan notes indicate that the patient underwent a right corticosteroid injection in an attempt to differentiate between neck and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a 3 month rental of home H-wave device: Upheld

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

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

Decision rationale: CA MTUS states that H-wave stimulation is not recommended as an isolated intervention, but that a one-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 if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). While the documentation submitted for review details that the patient continues to have pain complaints, there is a lack of documentation indicating that the patient has completed a trial of a home H-wave device. There is a lack of documentation submitted for review indicating that the patient is currently undergoing an active rehabilitation program for which an H-wave device may be used as an adjunct. Furthermore, there is a lack of documentation to indicate that the patient has had failure of recommended conservative care to include use of a TENS unit. Given the above, the request for 3 month rental of home H-wave device is not medically necessary and appropriate.