

Case Number:	CM13-0019904		
Date Assigned:	10/11/2013	Date of Injury:	09/13/2011
Decision Date:	01/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

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, has a subspecialty in Acupuncture and 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 is a 57 year old male with date of injury 9/13/11. An MRI of the left wrist done 10/11/11 showed bone trabecular injury of the capitate with a small capitolunate capsular tear along the floor of the carpal tunnel, tearing of the styloid attachment of the triangular fibrocartilage articular disc and secondary tearing of the volar ulnar capsule, extensor carpi ulnaris tendinosis and possible insufficiency of extensor carpi ulnaris sub sheath. Nerve conduction studies done 11/30/11 revealed evidence of a bilateral cervical radiculopathy involving the C5-C6 nerve roots. There was no evidence of lumbar radiculopathy or peripheral neuropathy. An MRI of the cervical spine dated 12/10/12 revealed moderate spondylotic change, uncovertebral joint ridging and slight retrolisthesis at C5-C6 and C6-C7 with moderate-to-moderately severe foraminal stenosis. The injured worker is diagnosed with cervicalgia, cervical sprain, lumbago, and post-traumatic cervical hyperflexion-extension injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one month trial of an H-wave unit: Upheld

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

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

Decision rationale: The MTUS states that H-wave stimulation is not recommended as an isolated intervention, but 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). Additionally, MTUS states that H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. While there is mention of a TENS trial on 8/19/13 [REDACTED], there is no documentation that it was effective or not effective. Therefore, without knowing the results of the TENS trial, medical necessity cannot be affirmed.