MAXIMUS Federal Services

Case Number:	CM13-0022141		
Date Assigned:	09/22/2014	Date of Injury:	06/28/2011
Decision Date:	11/14/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old female with an injury date of 06/28/11. Based on the 06/18/13 progress report provided by [redacted] the patient complains of cervical and lumbar spine pain rated 7/10. Physical examination on 03/21/13 revealed that the cervical and lumbar spines were tender to palpation with painful ranges of motion. The lumbar spine showed muscle spasms, and no neurological deficits. Progress report dated 07/30/14 shows that pain decreased to 6/10. Treating physician states planning H wave on progress report dated 03/21/13. It appears patient started trial of H wave, per progress report dated 06/18/13, since treating physician states that "H wave helps relieve pain," per progress report 07/30/13. Patient has attended physical therapy and acupuncture sessions per progress notes dated 02/20/13 to 04/17/13. Diagnoses 07/30/13:- cervical spine sprain/strain- lumbar spine sprain/strain- shoulder sprain/strain[redacted] is requesting she continue H wave. The utilization review determination being challenged is dated 08/22/13. The rationale is "limited discussion of past H wave use, no documentation of functional improvement..." [redacted] is the requesting provider, and he provided treatment reports from 01/31/13 - 07/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue H-Wave: Upheld

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

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

Decision rationale: The patient presents with cervical and lumbar spine pain rated 7/10 on 06/08/13. Progress report dated 07/30/14 shows that pain decreased to 6/10. The request is for Continue H wave. Her diagnosis dated 07/30/13 includes cervical and lumbar spine sprain/strain. Patient has attended physical therapy and acupuncture sessions, per progress notes dated 02/20/13 to 04/17/13. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-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 and only following failure of initially recommended conservative care." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. The treating physician has documented that H-wave is not being used as an isolated intervention, and he has stated that "H wave helps relieve pain," per progress report dated 07/30/13. Also, a decrease of 1 point on the pain scale has been documented in progress report 07/30/13. However documentation of functional improvement and benefits which would justify the request, have not been submitted. Furthermore, treating physician has not defined duration of use. The request does not meet MTUS requirements and is not medically necessary.