

Case Number:	CM13-0023310		
Date Assigned:	11/15/2013	Date of Injury:	03/06/2009
Decision Date:	02/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational 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 54-year-old male with a work-related injury to his neck and back on 3/6/09. The patient has been treated with PT, TENS, H-wave unit, epidural injections and medications. His current diagnosis are chronic neck and back pain, cervical and lumbosacral radiculopathy. PTP PR2 dated 7/2/13 reveals patient tried TENS unit during course of PT visits and was ineffective. PR2 dated 7/23/13 reveals patient doing very well with H-wave unit 2x/day with pain reduction and increases ability to perform ADL's for longer period. PR2 dated 8/27/13 reveals pain in the cervical disc region with loss of strength to upper extremities bilaterally. Findings of bilateral tenderness and spasms of the cervical paraspinous muscles, trapezius muscles, and lumbar paraspinous muscles with decreased cervical and lumbar spine ranges of motion. PR2 dated 9/24/13 reveals patient is status post right C4-5 TFESI with minimal relief. Current meds include Norco 10/325mg tid prn, Naproxen 550mg bid and Prilosec 20mg qd. PR2 dated 10/22/13 reveals most pain in cervical disc region with loss of strength to upper extremities bilaterally and patient only takes meds with severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave rental for three (3) months: Upheld

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

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

Decision rationale: CA MTUS discusses H-wave units. The basis for the guide's recommendation is that the H-Wave must show pain reduction AND functional improvement. The documents show the patient had a short duration of 20% pain reduction with each use of the unit, however, there is no information regarding functional improvement, a core requirement in the guide's criteria for continued use of the H-wave. In order to continue H-wave, functional benefit must be shown. There also is no documentation of a combination of a functional restoration program with the H-wave unit applicable to the guide's recommendation. Therefore, as no functional improvement was shown with the H-wave, it is not recommended.