

Case Number:	CM13-0025057		
Date Assigned:	11/20/2013	Date of Injury:	10/30/2012
Decision Date:	01/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 and is licensed to practice in California and 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 42-year-old female who reported an injury on 10/30/2012, after she lost balance while cleaning limousine bus windows and fell backwards on to a concrete floor. The patient suffered an initial hematoma to her right parietal/occipital area, but after a CT scan was performed, she was noted as having no brain hemorrhage. She was placed on pain medications and anti-inflammatories. In early 2013, the patient had a repeat CT scan and MRI performed, which noted she had herniated discs in her neck, which were subsequently causing her pain down her right arm. She was again given pain medication, anti-inflammatories, constipation medication, and a laxative. She was also sent for physical therapy for her back and neck once a week for approximately 6 sessions to include aquatic therapy, which was noted as being helpful for treating the pain. The patient has had ongoing complaints of dizziness and headaches, as well as daily neck pain, which was causing reference pain into her right arm. The physician is now requesting an H-Wave home care system rental for 3 months for neck and lumbar treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A H-wave homecare system rental for three (3) months for the neck and lumbar:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 148.

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

Decision rationale: Under California MTUS Guidelines, an H-Wave stimulation device 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 if following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The documentation stated the patient has already utilized both a TENS unit and an H-wave device. CA MTUS states that, "There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects". However, due to the documentation stating the patient has received approximately 40% relief from past use of the H-wave device, a continuation of three months would be considered appropriate for this patient. As such, the requested service is certified.