

Case Number:	CM13-0029981		
Date Assigned:	11/27/2013	Date of Injury:	06/23/2013
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Cardiology, has a Fellowship trained in Cardiovascular Disease and is licensed to practice in 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 male who reported injury on 06/23/2013 with the mechanism of injury being an assault. The patient was noted to have complaints of pain and impaired activities of daily living. The patient was noted to have 1 initial treatment with a home wave. The patient indicated the pain level dropped from a 5 to a 2 for a 60% improvement. On the scale of 10 range of motion and/or function improvement from a 7 to a 2 or 71% and overall the patient stated that the range of motion and/or function increased. The patient stated they could actually move their neck now. The request was made for an H-wave stimulator, quantity 3. The diagnosis was noted to be chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Stimulator, #3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 114-121.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines indicate 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). Clinical documentation submitted for review failed to provide the patient would be using it as an adjunct to a program of evidence based functional restoration, that the patient had tried a TENS unit and failed the treatment and failed to document the patient had failed initially recommended conservative care. Given the above and the lack of documentation, the request for H-wave stimulator, quantity 3, is not medically necessary.