

Case Number:	CM13-0047079		
Date Assigned:	04/02/2014	Date of Injury:	03/08/2002
Decision Date:	06/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain management, 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 an employee of [REDACTED] and has submitted a claim for Cervicalgia and Myofascial Pain Syndrome associated with an industrial injury date of 03/08/2002. Treatment to date has included cervical spine disk surgery on 01/2004, cervical pillow, physical therapy, behavioral psychotherapy and medications including Lidoderm patch, and Cymbalta. Utilization review from 10/02/2013 denied the request for H-wave unit for purchase because there was no evidence that the patient failed a trial of TENS prior to initiating this type of therapy. Medical records from 2013 to 2014 were reviewed showing that patient has been experiencing chronic cervical pain graded 6-7/10 associated with left arm numbness with relief upon intake of medications. Objective findings showed normal sitting and standing posture and mobility. There was tenderness at paracervical muscles, infraspinatus, trapezius and rhomboid muscles bilaterally. There was full lateral rotation of cervical spine. Spurling's maneuver was negative. Deep tendon reflexes were equal and symmetric.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT FOR PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 117-118.

Decision rationale: As stated in pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for 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. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, the earliest progress report documenting the use of H-wave at home was written on 09/16/2013. A note dated 11/21/2013 stated that H-wave helped with sleeping and managing flare-ups. It also reduced the cervical pain and muscle spasm. Patient reported that she was able to perform more activity and greater overall function with its use. However, there was no documentation that the patient was still continuing physical therapy or self-exercises at home. Furthermore, there was no documentation that the patient initially tried TENS prior to using H-wave. There is no documentation of a short-term and long-term treatment plan from the physician. Therefore, the request for H-wave unit for purchase is not medically necessary.