

Case Number:	CM13-0049041		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2012
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & 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 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 57-year-old female with date of injury on 08/07/2012. Progress report dated 09/08/2013 by [REDACTED] indicates that the patient's diagnoses include: Degeneration cervical, sprain/strain of neck, cervical disk herniation, cervical radiculitis. The patient continues to complain of stiffness and pain in the cervical spine. The patient has good days and bad days. It was noted that the patient has been using the H-wave unit twice a day with temporary benefit. The utilization review letter dated 10/14/2013 indicates there was a request for purchase of H-wave unit. The request was denied. It was noted an H-wave trial was noncertified on 06/13/2013; however, the patient was still provided the unit. There was report of a vendor-generated form, that indicated that patient did not benefit from a TENS unit trial. There was also a vendor-generated form designed to resemble a progress report noting patient benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: The records indicate that patient continues with neck pain. The treating physician has 4 progress reports dated between 07/12/2013 and 10/04/2013 that indicated that patient had been using the H-wave unit on a twice-a-day frequency with a temporary benefit. There was no documentation of any significant functional benefit, any decrease in medication use, improved ability to perform activities of daily living, or reduced need for medical treatment. MTUS page 117 and 118 regarding H-wave stimulation states that it is not recommended as an isolated intervention. The 1-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 evidenced-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. The records indicate that the vendor form had a check box that indicated that the patient had tried TENS unit therapy in the past. The treating provider records did not indicate any such discussion, and the treater does not document any significant functional benefit gained by the use of the H-wave unit which was provided. Therefore, recommendation is for denial.