

Case Number:	CM13-0051382		
Date Assigned:	12/27/2013	Date of Injury:	12/25/1974
Decision Date:	03/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 77 year old male with date of injury of 12/25/1974. Patient has been treated for symptoms of chronic neck pain. Diagnoses include chronic neck pain, chronic back and leg pain, and spinal surgeries with most recent by spinal T12-L2 revision laminectomy. MRI in 2011 demonstrated spinal stenosis at C3-C4. Previous treatment modalities include medications, physical therapy, home exercise, TENS trial and electro stimulation. Patient had received H-wave therapy with noted subjective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H- Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS states that H-2 wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. Review of the submitted documentation does not provide evidence that patient is a candidate for H-wave use, as there is not a diagnosis of diabetic neuropathic pain or specific chronic soft tissue inflammation that is recommended by guidelines. Records did identify subjective pain relief after 40 day trial, but no evidence of specific objective or functional improvement. Therefore, due to patient not having a diagnosis that is consistent with guidelines and lack of objective evidence of functional improvement, the medical necessity of H-wave stimulation is not established.