

Case Number:	CM13-0058863		
Date Assigned:	04/25/2014	Date of Injury:	02/21/2008
Decision Date:	06/13/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 injured worker is a 57 year old male whose date of injury is 02/21/2008. The mechanism of injury is not described. The patient is status post C5-7 fusion in 2008 and C3-4 total disc arthroplasty on 06/13/13. Progress note dated 06/26/13 indicates the patient is doing very well. The patient has had a significant reduction of neck pain. A clinical note dated 07/23/13 indicates pain is much better, but muscle soreness in the morning in the bilateral trapezius muscles is reported. There is recommendation to start physical therapy for range of motion exercises. Chart note dated 08/22/13 indicates the patient has been doing well until a recent flare-up. A 5/5 strength in the bilateral upper extremities is reported. Full range of motion of cervical spine is noted. Recommendation to return to full duty work on 08/26/13. H-Wave report dated 12/02/13 indicates the patient completed a trial of H-Wave with 40% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH USE OF HOME H-WAVE DEVICE FOR THE CERVICAL SPINE:

Upheld

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

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

Decision rationale: The California MTUS Guidelines note 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). The submitted records indicate that on 08/22/13 the patient had 5/5 strength throughout and full range of motion of the cervical spine. The patient was to return to full duty work on 08/26/13. There is no current, detailed physical examination submitted for review; however, agreed medical evaluation dated 12/05/13 indicates there is 5/5 strength in the upper and lower extremities, and cervical range of motion is good. The claimant was noted to have reached a level of maximum medical improvement and is at a permanent and stationary state. Furthermore, there is no clear rationale provided to support H-wave rental at this time. The request for one month use of home H-Wave device for the cervical spine is not medically necessary and appropriate.