

Case Number:	CM13-0060619		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2013
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 70-year-old male with a date of injury of 03/07/2013. The listed diagnosis per [REDACTED], dated 11/08/2013, is disk degenerative disease. According to report dated 11/08/2013 by [REDACTED], the patient complains of pain in the cervical/upper trapezius region with radiating pain down the right arm. Report goes on to state patient exhibits impaired range of motion, and impaired activities of daily living. It was noted that patient has tried physical therapy, medications, and a home trial of TENS. Treater is requesting a home H-wave 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-172.

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

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with cervical spine pain. Treater is requesting a home H-wave 30-day trial. Medical records show

patient had a trial home use of TENS unit device dated 08/13/2013, which "did not provide any objective benefits for the patient." Medical records also show patient is actively participating in physical therapy with report dated 08/13/2013 stating, "Patient has shown improvement regards to pain, inflammation, and flexibility; however, his active range of motion and strength are still limited." Per MTUS guidelines, H-wave is not recommended as an isolated intervention, but a 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 evidence-based functional restoration and only following failure of initially recommended conservative care. In this case, the patient has trialed and failed physical therapy, TENS, and medications. A 30-day trial of H wave for home use may be warranted at this time. Recommendation is for approval.