

Case Number:	CM13-0061346		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2012
Decision Date:	04/16/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/04/2013

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 Practice 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 40-year-old female with a date of injury on 03/07/2012. The patient is diagnosed with cervical radiculopathy and C6-7 fusion. The patient had x-rays completed on 03/08/2013, which noted C6-7 anterior disc fusion, with a slight reversal of normal cervical lordosis at C5-6 during flexion, no evidence of motion in the C6-7 interspace between flexion and extension, and minimal disc height loss at C4-5, C5-6, and C7-T1. This is unchanged from the prior exam. The patient was seen in the office by the physician on 06/11/2013. The patient stated her main complaint is pain to the cervical area with a 3/10 rate, and the patient is controlling this with medication. On objective exam, the physician noted flexion of the cervical spine was 60 degrees, extension 60 degrees, right and left rotation 60 degrees, right and left tilt 45 degrees. The physician noted that the patient has minimal discomfort with range of motion, without referred pain. For the treatment and follow-up plan, the physician noted the patient is ready to return to work now. The physician is returning the patient to work without restrictions as the manager at [REDACTED], a spa. The physician is requesting a six (6) month follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The patient is a 40-year-old female, with a diagnosis of cervical radiculopathy and C6-7 fusion. On the 06/11/2013 note, the patient complained of neck pain at 3/10, controlling with medication. On active assessment, the physician just checked cervical motion, with flexion at 60 degrees, extension 60 degrees, right and left rotation 60 degrees, and right and left tilt 45 degrees. The physician noted minimal discomfort with range of motion, without referred pain. At this office visit, the physician is returning the patient to work without restrictions. The physician is requesting a 6-month follow-up. The Chronic Pain Guidelines indicate that H-wave stimulation is not recommended as an isolated intervention, but a 1-month home based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation, if an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy, such as exercise and medication, plus transcutaneous electric nerve stimulation. It is also noted in the guidelines that there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. In the physical therapy notes provided, there was evidence that the patient was progressing through physical therapy, and the office note dated 06/11/2013, indicated that the physician was returning the patient to work without restrictions, and the pain medication was helping alleviate any pain the patient may have. The pain level at this office visit was 3/10. Per the guidelines and the documentation that we received, it does appear that conservative care, along with pain medication and physical therapy, have been working for this patient, due to the fact that they are returning to work without restrictions. Therefore, the request is non-certified.