

Case Number:	CM13-0062572		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2011
Decision Date:	05/16/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 05/06/2011. The mechanism of injury was not provided in the medical records. Her symptoms included lower back and bilateral shoulder pain. The injured worker noted the numbness in her arms had decreased with the use of the H-wave unit. Physical examination of the cervical spine revealed no limitation in range of motion. Tenderness to the paravertebral muscles was noted on both sides. Spurling's maneuver produced no pain to the neck musculature or radicular symptoms in the arm. Examination of the lumbar spine revealed restricted range of motion of flexion at 45 degrees, extension 70 degrees, right lateral bending 10 degrees, left lateral bending 10 degrees, and normal lateral rotation to the right. Tenderness to palpation of the paravertebral muscles was noted on both sides. Examination of the right shoulder revealed a restricted range of motion with flexion at 90 degrees, extension 12 degrees, abduction 90 degrees, adduction 12 degrees, and passive elevation limited to 90 degrees. Examination of the left shoulder revealed restricted range of motion with flexion of 90 degrees and extension 50 degrees. The injured worker was diagnosed with cervical radiculopathy, lumbar radiculopathy, shoulder pain, fibromyalgia and myositis, and low back pain. Past medical treatment included acupuncture, TENS unit, transforaminal epidural steroid injection, H-wave unit, and oral medications. Diagnostic studies include MRI of the cervical spine on 04/09/2012, EMG/NCS on 12/21/2011, MRI of the right and left shoulders on 06/21/2011, and MRI of the lumbar spine on 05/03/2011. The Request for Authorization was not provided in the medical records. Therefore, the clinical note from the date that treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE/INDEFINITE H-WAVE: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, they recommend a 1 month trial of neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electric nerve stimulation (TENS). The guidelines further state a 1 month trial of a TENS unit should be documented with how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical note dated 07/24/2013 indicated a TENS unit or H-wave was recommended to address myofascial pain. The clinical note dated 08/21/2013 stated the injured worker used the TENS unit twice a day. It was noted that the TENS unit helped reduce the tingling in her right upper extremity, decreased her pain by 30%, and she was better able to cook. The clinical note dated 09/18/2013 indicated the injured worker received the H-wave unit and used it for 30 minutes, 3 times a day. It was noted that the H-wave unit controlled the muscular burning pain to the right shoulder and right elbow with minimal improvement of pain relief to the left upper extremity. On 10/16/2013, the H-wave unit was used 30 minutes per day, twice a day. It was also noted the injured worker no longer uses the TENS unit. On 11/13/2013, the injured worker reported an increase of pain and noted the numbness in her arms had decreased with the use of the H-wave unit. However, with the initial use of the TENS unit, the documentation indicated the injured worker had a decrease in pain by 30%. There was no documentation to indicate the injured worker had failed the use of a TENS unit to warrant the need for the H-wave unit trial. Therefore, the request is not supported. The most recent clinical note dated 11/13/2013 stated the H-wave unit had controlled the muscular burning pain to the right shoulder and right elbow and had been very effective to reduce low back pain and bilateral lower extremity radicular symptoms by more than 50%. However, as the documentation submitted failed to indicate the injured worker was not benefitting from the use of the TENS unit, the use of an H-wave unit is not supported. Given the above, the request for purchase/Indefinite H-Wave is non-medically necessary.