

Case Number:	CM13-0071520		
Date Assigned:	01/08/2014	Date of Injury:	07/26/1995
Decision Date:	04/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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 patient is a 58-year-old female with a date of injury of 07/26/1995. The patient noted that she was cleaning a room for inspection when a stack sorter fell, the patient attempted to protect the printer but suffered injury to her neck. The patient is status post cervical spine fusion C5-6 in 1997. The patient's current medications are dicyclomine 20 mg 1 tablet daily, omeprazole 20 mg 2 capsules daily, tramadol 50 mg 1 tablet 3 times a day, and Vicodin 5-500 mg 1 tablet twice a day. The patient was seen on 12/26/2013 for complaints of neck pain. On examination the physician noted tenderness to the cervical spine, with paraspinal spasms and trigger points to trapezius. Deep tendon reflexes were within normal limits, pain on range of motion, and pain left rotation and right rotation with 25% reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (FOR PURCHASE): Upheld

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

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

Decision rationale: The patient is a 58-year-old female with a diagnosis of status post cervical spine fusion C5-6 in 1997 due to work related injury. The patient was seen on 12/26/2013 with complaints of neck pain. The patient does receive chiropractic care every 2 to 3 months. The patient has noted the medications have been controlling her pain. The Chronic Pain Medical Treatment Guidelines state 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 noninvasive conservative option for diabetic neuropathic pain, 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 medication, plus transcutaneous electrical nerve stimulation (TENS). Based on the documentation provided, there is no notation that the patient has attempted recent physical therapy to see if that would help with the complaint of neck pain. It is noted that the medication for pain has been controlling the patient's pain. There was no pain assessment completed on the office visit of 12/26/2013. There was notation that states a TENS unit has helped her in the past with 40% relief, but there was no notation that TENS had been attempted recently to assist with complaints of pain. The documentation provided does not show the patient is currently in an evidence-based functional restoration program such as physical therapy, which, per the guidelines, is to be used together with H-wave stimulation. Also, there was no documentation showing the patient did attempt a TENS unit or has exhausted conservative care. Therefore, the requested purchase of an H-Wave device is not medically necessary at this time.