

Case Number:	CM14-0000422		
Date Assigned:	01/17/2014	Date of Injury:	11/09/2012
Decision Date:	04/28/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 claimant presents with a date of injury of 11/9/2012. The 1/14/14 progress report indicates persistent cervical spine pain, increased with activity, associated with numbness and tingling into the left upper extremity. The pain is decreased with over-the-counter medication, stretching. Physical exam demonstrates cervical tenderness and left upper trapezius and levator scapula tenderness, positive Spurling's test on the left, positive cervical distraction test. Treatment to date has included home exercise program, medication, and activity modification. The patient has also had 6 sessions of chiropractic care. There is documentation of a 12/2/13 adverse determination as H-wave stimulation is not recommended for treatment of chronic persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF HOME H- WAVE DEVICE FOR 30 DAYS: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft

tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient presents with chronic cervical spine pain. However, there is no evidence that the patient's complaints are related to chronic soft tissue inflammation. In addition, there is no evidence of failure of a TENS trial. The request for rental of a home H-wave device for 30 days is not medically necessary and appropriate.