

Case Number:	CM14-0001201		
Date Assigned:	01/22/2014	Date of Injury:	08/08/2007
Decision Date:	06/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This is a 48-year-old female patient with a 08/08/2007 date of injury. On a 10/22/2013 office visit the patient was diagnosed with chronic pain. She complained of neck pain. She reported that she had a home TENS unit that she uses at night and gets relief of nerve tension in the upper shoulder and neck. Her treatment plan included Hydrocodone-Acetaminophen 5-325mg, Cyclobenzaprine HCl 10mg, GI consultation for painful rectal bleeding, physical therapy. On a 12/02/2013 progress report, she was still complaining of neck and back pain, and prescribed a 30-day evaluation trial of H-wave homecare system x2 per day, 30-60 min per treatment. Physical therapy gave results and the patient reported that after the sessions, she felt less tightness on the neck, but still had numbness and tingling in her left arm that hurts during driving. The patient also reported improved cervical range of motion. There is documentation of a previous adverse determination on 12/11/2013 based on the fact that there was no recent medical documentation to support a TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE HOME DEVICE: 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): 117-118.

Decision rationale: CA MTUS 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 presented with neck and back pain. Progress reports indicated that the patient had physical therapy for pain with some positive results. She also was prescribed a 30-day evaluation trial of H-wave homecare system x2 per day, 30-60 min per treatment. However, the patient reported that a TENS unit provides relief of nerve tension in the upper shoulder and neck. As the TENS unit provides documented relief, there is no indication for a H-wave device. It is unclear whether the patient has had an H-wave trial before. Therefore, the request was not medically necessary.