

Case Number:	CM14-0006114		
Date Assigned:	03/03/2014	Date of Injury:	03/02/2010
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 59-year-old female with a 3/2/10 date of injury when she slipped on a wet floor with injuries to the neck, arm and right knee. She was seen on 11/25/13. She is status post C4/5 fusion which was not helpful. Her symptoms worsened, and she was diagnosed with multilevel cervical degenerative disc disease with radiculopathy. She was seen on 11/25/13 where she complained of neck pain and left upper extremity pain 5-8/10. She also has knee pain 4-6/10. Exam findings reveal impaired range of motion and pain at the knee. The patient is noted to have a medial meniscal tear. The patient's fusion appeared to be non-united, and a recommendation for a fusion from C4-7 was made. An H-wave trial was done on 12/13/13 to 12/27/13, which resulted in a 30% decrease in pain in the neck and shoulders, as well as decreased use of medications. The patient stated she can sleep longer and sleep better. Treatment to date: physical therapy x 10, medications, cervical fusion, epidural injections, HEP, TENS unit, 1 month trial of H wave unit. A UR decision dated 12/23/13 denied the request given. The patient has not had a trial of an H-wave unit to assess for benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT & SUPPLIES (RENTAL OR PURCHASE): Overturned

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 H-Wave Stimulation (HWT) 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). Per CA MTUS an H-wave unit is not recommended as an isolated intervention. In addition, there should be documented failure of a TENS unit, physical therapy, medications, and other conservative treatments. The patient notes to have failed all of these conservative measures. The H-wave unit trial resulted in a 30% decrease in pain in the neck and shoulders, as well as decreased use of medications. The patient stated she could sleep longer and sleep better. Therefore, the request for purchase of an H-wave unit is medically necessary and appropriate.