

Case Number:	CM14-0007349		
Date Assigned:	02/07/2014	Date of Injury:	01/20/2010
Decision Date:	06/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 patient is a 60-year-old female who has submitted a claim for cervical facet syndrome, lumbar degenerative disc disease, and wrist sprain/strain associated with an industrial injury date of January 20, 2010. Medical records from 2010 to 2014 were reviewed. Patient complained of intermittent neck and lower back pain graded 5/10. Physical examination showed right lower extremity weakness, decreased DTR, MMT of 4/5, and decreased sensation in the right L5, S1 distribution. Treatment to date has included NSAIDs, muscle relaxants, yoga, physical therapy, chiropractic sessions, massage therapy, home exercise programs, tai chi, inversion table, aquatic therapy, TENS, and acupuncture sessions. Utilization review from January 13, 2014 denied the request for 30 day in-home trial of H-wave unit due to lack of documentation regarding signs and symptoms of peripheral neuropathy or chronic soft tissue inflammation, and failure of conservative treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE 1 MONTH HOME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE STIMULATION (HWT),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Page(s): 117-118.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines pages 117-118, H-wave therapy is not recommended as an isolated intervention, but a one-month home based trial H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. This should be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the patient was prescribed with an H-wave unit for reported benefits in pain management. While on functional restoration program, patient benefited from use of H-wave unit in terms of sleep, decreased pain, and increased activity. However, there were no reports of failure of medications and physical therapy prior to the mentioned H-wave trial. In addition, recent physical examination findings did not provide evidence of soft tissue inflammation necessitating its use. Moreover, the current request failed to indicate whether the H-wave unit would be for rental or purchase. Therefore, the request for H-wave 1 month home is not medically necessary.