

Case Number:	CM14-0017644		
Date Assigned:	04/16/2014	Date of Injury:	06/27/2012
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 has submitted a claim for cervicalgia, shoulder joint pain and lumbago associated with an industrial injury date of June 27, 2012. The treatment to date has included oral and topical analgesics, physical therapy, chiropractic therapy, and transcutaneous electrical nerve stimulation (TENS). The utilization review dated February 3, 2014 denied the request for H-wave unit for the cervical spine due to insufficient information regarding physical exam findings and prior treatment such as physical therapy, medication use, injections or surgery. The medical records from 2013 to 2014 were reviewed and showed persistent pain on the left side of the neck which extends to the top of the left shoulder. He also describes some pain on the left side of the face which is associated with intermittent cloudy and blurred vision in the left eye and dizziness. Physical examination of the cervical spine showed tenderness over the lower paracervical region which radiates towards the upper trapezius as well as into the parascapular region on the right, with palpable spasm. Limitation of motion of the cervical spine was also noted. Physical examination of the shoulder and neurologic examination of the upper and lower extremities were normal. X-rays of the cervical spine and the left shoulder were normal while lumbosacral x-ray showed minimal scoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections H-wave and Transcutaneous electrical nerve stimulation (TENS).

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. There should be a failure of conventional therapy, including physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS) unit prior to consideration of a trial. In this case, the patient had prior TENS treatment on 2012 however there was no documentation concerning functional gains or failure from the TENS unit trial. In addition, the exact functional deficits of this patient were not clearly indicated in the latest progress notes. Therefore, the request for H-wave unit for the cervical spine is not medically necessary.