

Case Number:	CM14-0017774		
Date Assigned:	04/16/2014	Date of Injury:	05/22/1996
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 66 year old female with a reported date of injury on 05/22/1996. The mechanism of injury was reported as a repetitive movement injury. According to the clinical documentation provided the injured worker has a history of cervical decompression and fusion at C5-6 in 1997 and at C2-3 in 1998. According to the progress note dated 12/17/2013, the x-ray report provided revealed degenerative disease at the C3-4, C4-5 and C6-7 levels. The injured workers medication regimen included Robaxin, [REDACTED] heat wraps, Ambien and Lidoderm patches. The injured worker reported that the H-wave has helped "more than" prior treatment to include "decreased medication" use and "increased ability" to perform activities of daily living. The injured worker stated that her pain level before H-wave was 9.5 and with one treatment per day for 30-45 minutes, provided her with "40% benefit". The request for authorization for a Home H-Wave Device for 3 additional months for cervical spine was submitted on 02/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H- WAVE DEVICE FOR 3 ADDITIONAL MONTHS FOR CERVICAL SPINE:

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, , 117

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , H-WAVE, 117

Decision rationale: The request for Home H- Wave Device for 3 additional months for cervical spine is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines the H-wave device is not recommended as an isolated intervention, but as a one-month home based trial. The H-wave can be used as an addition to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, to include physical therapy and medications. The criteria for use of the H-wave device includes a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremity or the spine that was unresponsive to conventional therapy. There was a lack of documentation related to clinical findings of neuropathic related pain. According to the physical therapy note dated 08/13/2013, the injured worker reported "negligible improvement". The physical therapy note also documented that "the pain will not improve because it is such a chronic condition that she has had for a long time". The injured worker reported that the H-wave has helped "more than" prior treatment to include "decreased medication" use and "increased ability" to perform activities of daily living. The injured worker stated that her pain level before H-wave was 9.5 and with one treatment per day for 30-45 minutes, provided her with "40% benefit". While the H-wave device can be useful for pain management, they are most successful when used as a tool in combination with functional improvement. It was unclear if the injured worker underwent an adequate trial duration prior to the request for an additional three months. There was not an adequate and complete assessment of the injured workers condition indicating the injured workers deficits needing to be addressed with H-wave therapy. It was unclear if the device was to be utilized in conjunction with a program of evidence based functional restoration. Therefore, the request for Home H- Wave Device for 3 additional months for cervical spine is not medically necessary.