

Case Number:	CM14-0118710		
Date Assigned:	08/06/2014	Date of Injury:	01/26/2009
Decision Date:	12/31/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 1/26/09 date of injury. At the time (6/23/14) of the request for authorization for H wave device, there is documentation of subjective (muscle spasms in his neck and low back areas) and objective (slight swelling and pain at the base of the thumb, decreased grip strength on the right, limited range of motion of the neck, right thumb muscle strength is 4+/5, tenderness on palpation between the 3rd and 4th metatarsals) findings, current diagnoses (cervical disc disease, cervical spondylosis, cervical radiculopathy, right TMJ dysfunction, depression secondary to chronic pain, insomnia, right foot metatarsalgia, Morton's neuroma, status post right foot surgery, and right hand pain), and treatment to date (medication, TENS, and 30 day trial with an H-wave unit that provided 40% pain reduction). There is no documentation that the unit was used as an adjunct to ongoing treatment modalities within a functional restoration approach, how often the unit was used, and outcomes in terms of pain relief and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, cervical spondylosis, cervical radiculopathy, right TMJ dysfunction, depression secondary to chronic pain, insomnia, right foot metatarsalgia, Morton's neuroma, status post right foot surgery, and right hand pain. In addition, there is documentation of chronic soft tissue inflammation used as an adjunct to a program of evidence-based functional restoration, failure of initially recommended conservative care, and a 30-day trial with an H-wave unit. However, there is no documentation that the unit was used as an adjunct to ongoing treatment modalities within a functional restoration approach, how often the unit was used, and outcomes in terms of pain relief and function. Therefore, based on guidelines and a review of the evidence, the request for H wave device is not medically necessary.