MAXIMUS Federal Services

Case Number:	CM14-0124905		
Date Assigned:	09/25/2014	Date of Injury:	11/15/2013
Decision Date:	11/28/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Interventional Spine 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 31-year-old female with a date of injury of 11/15/2013. The listed diagnoses per [redacted] are: 1. Sprain/strain of the neck.2. Sprain/strain of the shoulder.According to progress report 02/05/2014, the patient presents with complaints of pain in the neck area to the left shoulder. The patient states that she has a "pinched nerve on the left side of the neck, denied radiating to left shoulder." Examination revealed muscle spasm in the cervical spine and limited range of motion. There was local tenderness over the C5 and C6 nerve root irritation on the right. Treatment plan included MRI of the cervical spine, Ultracet, and an H-Wave unit. Utilization review discusses a progress report from 05/21/2014, which was not provided for my review. This report documented that the patient has tried conservative treatments including physical therapy, medications, and a TENS unit. The provider recommended an H-Wave device as the claimant noted "relief from treatments with H-Wave." Utilization review denied the request on 07/24/2012. Treatment reports from 11/19/2013 through 04/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave medical Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with continued left-sided neck pain. The provider is requesting an H-Wave unit. Medical file indicates that the patient has trialed physical therapy, medications, and a TENS unit. The patient has noted "relief from treatments with the H-Wave device, both in the clinic and at home." The provider is requesting additional use of the H-Wave unit. The MTUS Guidelines page 117-118, supports a 1-month home-based trial of H-Wave treatment as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if 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, medications plus TENS. In this case, the provider does not clearly document TENS unit failure. It appears that the patient has tried H-Wave unit at home with some relief. However, pain relief is not quantified to show significance and no functional improvement or medication reduction is documented. Therefore, this request is not medically necessary.