

Case Number:	CM14-0126183		
Date Assigned:	08/13/2014	Date of Injury:	01/13/2011
Decision Date:	09/18/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 & 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 39-year-old female with a reported date of injury on 01/13/2011. The mechanism of injury was reportedly caused by a crushing injury. Her diagnoses included history of cervical radiculopathy, chronic cervical strain, and chronic lumbosacral strain. Conservative care included physical therapy and activity modification, and the utilization of an H-wave unit. The clinical note dated 06/04/2014, the injured worker presented with no focal weakness, and reflexes within normal limits. The cervical spine range of motion revealed flexion to 45 degrees and extension to 45 degrees. The injured worker's medication regimen included Diclofenac, Tramadol, and Cyclobenzaprine. The physician indicated the H-wave has been helpful for the chronic radicular pain that the injured worker has been experiencing. The physician indicated he is submitting a request for an H-wave unit for the injured worker due to the pain relief and moderation of her chronic symptoms of pain in the neck when utilizing the H-wave. The request for authorization for H-wave unit was submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: The California MTUS Guidelines do not recommend H-Wave Stimulation as an isolated intervention, but a one month home-based trial of H-wave stimulation may be considered 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 and medications, plus transcutaneous electrical nerve stimulation. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. In addition, there is a lack of documentation related to the use of the H-wave unit. There is a lack of documentation related to the number of times utilized and the objective clinical findings of functional therapeutic benefit. There is a lack of documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. In addition, there is lack of documentation indicating the injured worker suffers from diabetic neuropathic pain or chronic soft tissue inflammation. The clinical information lacks of documentation of failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous nerve stimulation. In addition, the request as submitted failed to provide frequency and directions for use as well as specific site at which the H-wave unit was to be utilized. Therefore, the request for H-wave unit is not medically necessary.