

Case Number:	CM14-0126608		
Date Assigned:	08/13/2014	Date of Injury:	11/28/2000
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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:

This patient presents with constant neck pain that radiates to the upper extremity with numbness and tingling. She also complains of constant upper midback, bilateral shoulder, and right hand/wrist pain. The treating physician is requesting an H-wave unit and supplies as the trial produced decrease in need for oral medication, ability to perform more activity, and greater overall function. He has documented improvement from the trial session of H-wave unit during 06/03/2014 to 06/23/2014 and is requesting a purchase of the unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit and supplies (Rental or Purchase): Overturned

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

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

Decision rationale: According to the California MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-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 initial recommended conservative care." Review of the H-wave evaluation form indicates the patient trialed the H-wave during 06/03/2014 to 06/23/2014. The patient appears to have significantly benefitted with pain reduction and reliance on less meds. Therefore, the H-wave unit and supplies (rental or purchase) is considered to be medically necessary.

Follow up evaluation with a Pain Management Specialist (cervical, thoracic, bilateral shoulders/wrists): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with constant neck pain that radiates to the upper extremity with numbness and tingling. She also complains of constant upper midback, bilateral shoulder, and right hand/wrist pain. The treating physician is requesting a follow-up visit with a Pain Management Specialist. ACOEM, chapter 12, low back pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, given the patient's continued pain and medication intake, follow up evaluation with a Pain Management Specialist is medically necessary.