

Case Number:	CM14-0151951		
Date Assigned:	09/22/2014	Date of Injury:	12/13/2013
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 39year old man with a work related injury dated 12/13/13 resulting in chronic pain in the cervical and lumbar spine radiating into the extremities. The patient is evaluated by the primary orthopedic provider on 7/21/14. The patient is noted to utilize oral analgesic medications and did participate in a 30day trial of TENS unit, which provided minimal symptomatic relief. The exam shows tenderness to palpation without any neurological deficits. The diagnosis includes C5-6 disc degeneration, L4- L5 annular tear and intermittent left leg radiculopathy. The plan of care included chiropractic therapy, physical therapy, a trial of acupuncture therapy and authorization for an H-wave trial in an attempt to improve his functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE unit 30 day trial rental (cervical and lumbar spine): 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 Treatment Guidelines 9792.20-.26, Page(s): 117.

Decision rationale: According to the MTUS with regards to H-wave stimulation, it is not recommended 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 stimulations. In this case the patient does not have a diagnosis of diabetic neuropathic pain or chronic soft tissue inflammation. Also there is no documentation that the patient is participating in an evidence-based functional restoration program. The use of H-wave unit 30 day trial is not medically necessary for the patient's cervical and lumbar spine pain.