

Case Number:	CM14-0030695		
Date Assigned:	06/20/2014	Date of Injury:	02/02/2012
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 & 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 63-year-old woman who reported an injury on 02/02/2012. The mechanism of injury is unknown. The injured worker was diagnosed with fibromyalgia, disc bulge at C3-C4, and forminal wearing. A cervical spine MRI (magnetic resonance imaging) confirmed the disc bulges. The injured worker was authorized four sessions of physical therapy but had that changed to aquatic therapy due to complaint of arms being too heavy to lift. The injured worker stopped aquatic therapy as she was unable to tolerate the long drive. The injured worker rates her pain at an 8-9/10 as noted by chronic soft tissue inflammation by the physician. The injured worker is currently on Ketoprofen, Lyrica, Ibuprofen, and Prednisone. The physician assessed her range of motion and noted for the flexion of the cervical spine is 50 degrees, extension is 60 degrees, right lateral bending is 45 degrees, left lateral bending is 45 degrees, while left and right rotation is 80 degrees. There is no assessment notation of Allodynia and the axiel compression test is negative. The injured worker reports a decline in pain from 8-9/10 to 6/10 after using an at home H-wave unit November of 2013. The injured worker's physician's rationale to request to receive an additional three months of use with this equipment is to avoid using so many oral medications. The physician has signed and dated a request for authorization on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL THREE (3) MONTHS H-WAVE (RENTAL): 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 Page(s): 117-118.

Decision rationale: Under CA MTUS guidelines for chronic pain, the use of an H-wave unit 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the injured worker was unable to complete physical therapy due to not being able to tolerate the long drives. The injured worker demonstrated increased pain management from chronic soft tissue inflammation with pain decreasing from 8-9/10 to 4-6/10. However, the request for three additional months of rental has exceeded the MTUS guidelines recommendation a one month trial use of H-wave. As such, the request is not certified.