

Case Number:	CM14-0031073		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2013
Decision Date:	09/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Family Medicine 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 is a 42 year old patient who reported an industrial injury on 3/18/13, 18 months ago, attributed to the performance of his regular job tasks reported as he attempted to catch a falling object causing neck pain. The patient has a diagnosis of cervical disc herniation C5-6 and C6-7 with radiculopathy. The patient is post anterior cervical disc fusion of C5-7 on 6/12/13. Medical records from primary treating physician and consultants reviewed. The last report available was 2/20/14. The patient complains of neck, bilateral shoulder pains and low back pain. Objective exam reveals well healed cervical scar, decreased range of motion. The Spurling's test was Negative. Tenderness to bilateral shoulder was noted. Tenderness to posterior neck with extension was also noted. There was noted normal strength and reflexes. The X-rays of the Cervical Spine (9/11/13) show post-surgical changes. An MRI of cervical spine is pre-surgery and not relevant to review. The patient is reportedly on Tramadol and Vicodin. Independent Medical Review is for H-wave device purchase for the neck. The request for H-wave is dated 2/20/14. There is a request for a trial for H-wave on 11/12/13. There is a brief note that mentions that trial of H-wave led to 20% improvement in pain, however, that note is very brief, there is no mention of length of trial, improvement along visual analogue scale for pain or any other objective measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device purchase for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,189,Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter -H-wave stimulation devices; Pain chapter H-wave stimulation devices.

Decision rationale: Treatment of the back and neck with H-wave is not supported with objective evidence and is not consistent with recommendations of the California MTUS. The MTUS only recommends a 30 trial of treatment with an H-wave device. 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). There are no evidence-based guideline recommendations for the H wave muscle stimulator for rehabilitation. The patient's back/neck pain is being evaluated and treated orthopedically. There is no demonstrated medical necessity for the use of the H wave muscle stimulator 18 months status postdate of injury. There was no prior use of a TENS unit documented. The provider did not provide subjective/objective evidence to support the medical necessity of the H-wave Unit for the treatment of the patient's pain issues over the recommended participation in a self-directed home exercise program. There is no documentation of failed conservative care; chronic soft tissue inflammation; diabetic neuropathic pain; or participation in HEP. There is no provided functional improvement documented by the requesting provider and there is no objective evidence provided that the use of the H-wave muscle stimulator is medically necessary over a self-directed home exercise program. It is not clear that the requested H-Wave device would be used as an adjunct to a program of functional restoration or that ongoing conservative care. The patient does not meet the criteria recommended by evidence-based guidelines for the use of H-wave devices for the treatment of the back pain. The treatment of chronic back/neck pain with H-wave stimulation is not recommended by the MTUS; the ACOEM Guidelines or the Official Disability Guidelines. There is no objective evidence provided to support the medical necessity of H-wave stimulator over a TENS unit or a self-directed home exercise program. The MTUS recommends the H-wave unit for the treatment of diabetic neuropathic pain and not for sub acute muscle strains. The ACOEM Guidelines state there is insufficient evidence to support the use of the H-wave stimulator for treatment of acute or chronic pain. The requested DME is not directed to a diabetic neuropathy or a chronic soft tissue inflammation as recommended by the MTUS or the Official Disability Guidelines. The medical documentation submitted demonstrates that the patient does not meet the criteria recommended by evidence-based guidelines for the use of H-wave devices. The use of the H-wave muscle stimulator unit for treatment of chronic back or pain is not consistent with the applicable guidelines and is not demonstrated to be medically necessary. Such as, home H-Wave device purchase for the neck is not medically necessary.