MAXIMUS Federal Services

Case Number:	CM14-0036582		
Date Assigned:	06/25/2014	Date of Injury:	09/10/2010
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 and is licensed to practice in Nevada. 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 50-year-old male injured on September 10, 2010. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of mid back pain, lower back pain, left shoulder/clavicle pain, left hip pain, and lower front teeth pain. Current medications were stated to include Fentanyl Patches, Morphine, insulin, Prazosin, and Fentora The physical examination demonstrated an antalgic gait with the use of a cane. Tenderness over the mid-thoracic, lower thoracic, and upper lumbar spine. There was decreased lumbar spine range of motion. Examination the right shoulder noted tenderness over the left clavicle and a positive Hawkins test and Neer's test. There was decreased sensation over the entire left upper extremity with the exception of the left palm and palmar surface of the fingers. Recommended treatment included a medial branch block and a radiofrequency ablation procedure. A request had been made for the use of an H wave unit for the lower back and other multiple body parts and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Blum K, Chen ThJ & Ross BD. Medical Hypothesis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 117..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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. Also recommended by guidelines if following failure of initially recommended conservative care, including physical therapy (i.e. exercise), medications, and transcutaneous electrical nerve stimulation (TENS). There is documentation in the attached medical record that the injured employee has failed prior conservative care including physical therapy, oral medications, and the use of a TENS unit. For these reasons this request for an H wave unit is not medically necessary.