

Case Number:	CM14-0037562		
Date Assigned:	06/25/2014	Date of Injury:	10/01/2010
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational 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:

The patient is a 57 year old male who was injured on 10/01/2010. He sustained an injury to his neck while performing his normal job duties. Prior treatment history has included 4/4 sessions of cognitive behavior therapy, physical therapy and acupuncture. Diagnostic studies reviewed include MRI of the cervical spine revealed multilevel degenerative disk disease and spondylosis; mild central canal narrowing and moderate bilateral neural foraminal narrowing at C3-4. Progress report dated 02/18/2014 states the patient presents with neck pain radiating into bilateral upper extremities with associated burning, shooting, and numbness. He rated the pain in severity a 6/10. He reported upset stomach with nausea and fatigue with Ultram ER. He had relief with CESI injection, and he is continuing with his home exercise program. On exam, he has pain in the cervical spinous processes. Range of motion in the neck is limited in all planes by 50% due to discomfort. There is decreased grip strength bilaterally. Diagnoses are neck sprain/strain and chronic pain syndrome. The treatment and plan included a request for one month trial of H-wave. The patient has tried TENS unit and multiple medications with no success. He is recommended to undergo a CBT evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave- One Month Home Evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117.

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

Decision rationale: MTUS guidelines state H-wave stimulation is not recommended as an isolated intervention, but a one-month trial may be considered for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to a functional restoration approach only after failure of conservative care including TENS. However, a 2/26/13 note mentions that the patient noted use of TENS unit to be very helpful. It also mentions improvements in neck range of motion and posture from physical therapy. Separate documentation on 4/22/14 states some help with chiropractic treatment and a lot of help with massage therapy and no help from physical therapy. Another record on 2/28/14 reports moderate efficacy for this patient from physical therapy, chiropractic, TENS unit, and massage. A 2/18/14 note states the patient has tried TENS unit in the past with little success. In any case, records are conflicting, and it is not clear that the patient failed or had an adequate trial of a TENS unit. It is also not clear that other conservative care failed. Medical necessity is not established.