

Case Number:	CM14-0042257		
Date Assigned:	09/12/2014	Date of Injury:	02/04/2010
Decision Date:	10/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Pain Management and Rehabilitation, 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 patient sustained an injury on 2/4/10 from assisting a client in getting up while employed by [REDACTED]. Request(s) under consideration include Home H wave device (Cervical) (1 month rental or purchase). Diagnoses include cervical radiculopathy and Occipital neuralgia. Report of 3/18/14 from the provider noted the patient with ongoing neck symptoms radiating down right arm associated with numbness, tingling, and weakness of right arm; Occiput pain radiates to top of head. Conservative care has included medications, acupuncture, trigger point injections, and modified activities/rest. The patient developed a flare-up in January s/p TPI on 12/22/13 with noted good relief; however, with continued ongoing right arm symptoms of numbness, tingling, and weakness. TENS had noted short-term relief. Exam showed tenderness at neck and bilateral occipital nerves; decreased range; diffuse decreased sensation in right arm with allodynia and dysesthesia. The patient was s/p cervical epidural steroid injection without noted relief. Depression and anxiety are managed with Cymbalta. Report of 3/19/14 noted patient with pain and impaired ADLs and range with treatment plan for H-wave homecare system. The request(s) for Home H wave device (Cervical) (1 month rental or purchase) was non-certified on 4/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H wave device (Cervical) (1 month rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, Page(s): 115-118.

Decision rationale: This patient sustained an injury on 2/4/10 from assisting a client in getting up while employed by [REDACTED]. Request(s) under consideration include Home H wave device (Cervical) (1 month rental or purchase). Diagnoses include cervical radiculopathy and Occipital neuralgia. Report of 3/18/14 from the provider noted the patient with ongoing neck symptoms radiating downr ight arm associated with numbness, tingling, and weakness of right arm; Occiput pain radiates to top of head. Conservative care has included medications, acupuncture, trigger point injections, and modified activities/rest. The patient developed a flare-up in January s/p TPI on 12/22/13 with noted good relief; however, with continued ongoing right arm symptoms of numbness, tingling, and weakness. TENS had noted short-term relief. Exam showed tenderness at neck and bilateral occipital nerves; decreased range; diffuse decreased sensation in right arm with allodynia and dysesthesia. The patient was s/p cervical epidural steroid injection without noted relief. Depression and anxiety are managed with Cymbalta. Report of 3/19/14 noted patient with pain and impaired ADLs and range with treatment plan for H-wave homecare system. The request(s) for Home H wave device (Cervical) (1 month rental or purchase) was non-certified on 4/2/14. Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. Exam showed diffuse findings without clear specific myotomal/ dermatomal neurological deficits. There is no change in work status or functional improvement demonstrated to support for the rental/ purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent some TENS treatment with noted short-term relief; however, no failed trial was presented or what functional improvement was attained without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The Home H wave device (Cervical) (1 month rental or purchase) is not medically necessary and appropriate.