MAXIMUS Federal Services

Case Number:	CM14-0045953		
Date Assigned:	07/02/2014	Date of Injury:	05/07/2013
Decision Date:	08/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 50-year-old female who reported injury on 05/07/2013. Her medications have included Lyrica 50mg, Hydrocodone 10mg, and Acetaminophen 500mg. Prior treatments included 4 physical therapy and 4 acupuncture sessions. The documentation of 05/22/2014 revealed the injured worker had diagnoses of anxiety, intervertebral disc disorder, degenerative disc disease of the cervical spine, radiculopathy of the upper extremity, insomnia, myoligamentous injury of the left wrist, and status post left carpal tunnel release with residual. The documentation revealed subjective complaints of pain in her neck that radiated down to her left upper extremity and into her left hand. The injured worker indicated she had numbness and electricity shocks through the left upper extremity. The pain also radiated to the shoulders. The documents further revealed objective findings of limited range of motion of the cervical spine, spasm throughout, and positive Spurling's test to the left. The injured worker had hyperesthesia in the left upper extremity, and over the right thumb. The documentation indicated the injured worker had undergone an MRI of the cervical spine .The treatment plan included a pain management consultation and treatment, cervical epidural steroid injections, a psychological consultation for anxiety and depression, an aqua relief system to be used for the neck, cervical traction and a home therapy kit for the cervical spine, an H-Wave device, and a sleep study because of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Home H-wave device: 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 H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend an H-Wave stimulation device as an isolated intervention. However, a 1 month home-based trial of H-Wave stimulation may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based functional restoration. There should be documentation of a failure of conservative care including recommended physical therapy, medications, and a TENS unit. The clinical documentation submitted for review failed to indicate that the unit would be utilized as an adjunct to a program of evidence-based functional restoration. There was a lack of documentation indicating the injured worker had a trial and failure of conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). Given the above, the request for 1 month home H-wave device is not medically necessary.