

Case Number:	CM14-0049547		
Date Assigned:	07/07/2014	Date of Injury:	08/26/2007
Decision Date:	08/26/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/17/2014

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 33-year-old female who has submitted a claim for cervical/cervical artery dissection injury, thoracic sprain/strain, and lumbar sprain/strain associated with an industrial injury dated 08/26/2007. Medical records from 12/11/2009 to 07/07/2014 were reviewed and showed that the patient complained of neck, mid back, and low back pain with numbness and tingling in the arms and legs. The physical examination revealed tenderness over C5-C7, T4-T8, and L4-5 with loss of motion in the cervical spine and bilaterally sensory loss at L5-S1. In addition, the Kemp's and straight leg raise tests were positive bilaterally. The MRI of the cervical spine dated 02/28/2008 revealed mild degenerative changes and the MRI of the lumbar spine dated 02/28/2008 revealed degenerative changes at L4-5 and L5-S1. Treatment to date has included spinal manipulation, myofascial release, deep tissue massage, physiotherapy, and H-wave. Utilization review dated 03/15/2014 denied the request for one H-wave unit due to lack of available medical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

One H-Wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-120.

Decision rationale: According to the CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality. However, a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. In addition, it should be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care (e.g. physical therapy, exercise, medications, and transcutaneous electrical nerve stimulation (TENS)). A one month trial period of the H-wave stimulation unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. It should include documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient reported a pain reduction of 50% with a 2 week trial of H-wave for 45 minutes a day from 03/26/2014 to 04/09/2014. However, a one-month trial of H-wave is required to support continued use of H-wave therapy. Furthermore, there was no documentation of functional outcome from previous physical therapy visits and it was unclear as to whether the patient received TENS treatment. The guidelines require documentation of failure of functional improvement with both physical therapy and TENS to support the need for H-wave stimulation. Moreover, the patient was not documented to be actively participating in a functional restoration program. H-wave is not intended to be used as single mode of treatment per guidelines recommendation. Furthermore, the request failed to specify the body part to be treated. Therefore, the request for One H-wave unit is not medically necessary.