

Case Number:	CM14-0051151		
Date Assigned:	07/07/2014	Date of Injury:	10/16/2012
Decision Date:	08/27/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 16, 2012. Thus far, the applicant has been treated with analgesic medications; attorney representation; earlier cervical fusion surgery; and work restrictions. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for one-month trial of an H-wave home stimulation device. The article in question appears to have been requested via a vendor form dated February 27, 2014, which employed preprinted checkboxes and may or may not have been countersigned by the attending provider. The device vendor suggested that the applicant has failed a number of other treatments, including time, medications, physical therapy, and a conventional transcutaneous electrical nerve stimulation (TENS) unit. In a May 19, 2014 progress note, the applicant presented with ongoing complaints of neck pain. The applicant was apparently working on a part-time basis, at a rate of four hours a day, for the preceding months. A computed tomography myelogram of April 25, 2014 was notable for evidence of unilevel fusion at C4-C5. The applicant was, however, still smoking, it was acknowledged. It appeared that an H wave device, massage therapy, traction, and physical therapy were sought, although the note did mingle old complaints with current findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH HOME USE OF H-WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of an H-wave home stimulation device may be considered as a non-invasive option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of functional restoration in applicants who have failed other recommended conservative care, including physical therapy, home exercises, analgesic medications, and a conventional TENS unit. In this case, however, there is no evidence that conventional treatments have been failed. The applicant appears to be responding favorably to conventional physical therapy and has returned to part time modified work. Likewise, the applicant does not appear to have tried and/or failed a home-based trial of a TENS unit. Finally, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals. For all the stated reasons, then, the H-wave system is not medically necessary.