MAXIMUS Federal Services

Case Number:	CM14-0060492		
Date Assigned:	07/09/2014	Date of Injury:	03/16/2012
Decision Date:	08/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Interventional Spine 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 50-year-old female with date of injury of 03/16/2012. The listed diagnoses for patient are as follows:1.Lumbar pain.2.Lumbar disk bulge.3.Neck pain.4.Pain in the shoulder/AC joint.5.Fibromyalgia.According to report of 5/02/2014, the patient's low back pain is more stable, although her tolerance with sitting remains limited. She has continued neck pain going down the arms and decreased strength in the upper body. The objective findings show the patient is well appearing, well groomed, in no apparent distress. There is moderate tenderness in the bilateral cervical paraspinals, trapezius, shoulder, and scapular region. Range of motion is 100% normal in flexion, 100% in extension, and 100% in lateral bend. Spurling's is negative. Moderate tenderness was noted in the bilateral lumbar paraspinals. Range of motion is 75% normal in flexion, 50% normal in extension; and straight leg raise is negative. The patient has normal motor strength of 5/5 in all muscle groups tested in the upper extremities. Sensory examination shows intact to light touch and pinwheel. Reflexes are 2/4 in the triceps, biceps, and brachioradialis. Hoffmann's test is negative. The utilization review denied the request on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave muscle stimulator purchase with supplies directed to the bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation ACOEM guidelines Chronic Pain Chapter (revised 8/8/2008) page 189; Official Disability Guidelines (ODG) Low back Chapter, pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 117 and 118 H-wave stimulation (HWT).

Decision rationale: This patient presents with low back, neck pain. The provider is requesting an H-Wave muscle stimulator purchase with supplies directed to the bilateral shoulders. The MTUS Guidelines page 117 to 118 supports a 1-month, home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initial recommended conservative care including recommended physical therapy and medications plus Transcutaneous electrical nerve stimulation (TENS). The records show a Patient Compliance and Outcome Report dated 02/26/2014 showing a 14-day use of the H-wave unit. The patient notes increased levels of activities of daily living including decreased medication use. However, the percent of improvement was only 10. It appears that the patient utilized the H-wave unit with minimal benefit. The report following the H-wave trial shows that the patient continues to report neck pain going down the arms with decreased strength in the upper body. The medications were not documented to determine if the patient indeed decreased her medication intake. In this case, given that the patient has tried the H-wave unit with minimal benefit, the purchase of an H-wave unit for home use with supplies is not warranted. Therefore the request for H-Wave muscle stimulator is not medically necessary and appropriate.