

Case Number:	CM14-0078882		
Date Assigned:	07/23/2014	Date of Injury:	09/20/2004
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 32 year old female who was injured on 09/20/2014. The mechanism of injury is unknown. Prior medication history included Norco, Voltaren, and Marinol. He has been treated with chiropractic care. Progress report dated 03/04/2014 documented the patient to have complaints of neck pain and stiffness as well as cervical radiculopathy. She rated her pain as 5/10 and it is constant. On exam, the cervical range of motion revealed flexion to 42; extension to 32; lateral flexion to 28; right flexion to 26; left rotation to 62; and right rotation to 68. The patient is diagnosed with cervical spine strain/sprain. The patient was advised to continue home exercise program; physical therapy. The remaining notes are illegible. According to UR, the patient rated her pain 3/10 with medication and 5-6/10 without medication. Prior utilization review dated 05/06/2014 states the request for Replacement/Repair Home H Wave Unit (Cervical Spine) is denied as there is no clear indication warranting this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT/REPAIR HOME H WAVE UNIT (CERVICAL SPINE): 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 current claim related to this review is one of acute onset cervical spine pain, diagnosed as a cervical strain. The device in question has demonstrated some usefulness in managing diabetic neuropathy, but was found to be no better than TENS (also of dubious efficacy) in soft tissue conditions. Furthermore, this treatment modality is only of use as an adjunctive therapy and not as first line treatment. The MTUS guidelines state that this modality is to be used to augment other treatment measures and not as primary treatment. Furthermore the documentation in this case fails to indicate a clear clinical rationale for its treatment. Finally, the request appears to relate to service of the unit, which would suggest that the present request does not relate to the cervical strain injury for which the patient was seen. Based on the guidelines and criteria as well as the clinical documentation as stated above, the request is not medically necessary.