MAXIMUS Federal Services

Case Number:	CM14-0082972		
Date Assigned:	06/23/2014	Date of Injury:	09/22/2009
Decision Date:	08/07/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old female who was injured on 9/22/09. She was diagnosed with lumbar degenerative disc disease with back pain and associated radiculitis, and rotator cuff syndrome. She was treated with oral medications, topical analgesics, and physical therapy. She was given a trial of an H-wave unit on 12/18/13 for use on her low back by her treating physician as she had continued to experience low back even with physical therapy, which had essentially failed. She later was given a unit after the trial and found it helping her be able to reduce her Soma use. On 5/9/14, she was seen by her treating physician complaining of her usual low back pain with radiation to her left thigh. No mention of any neck or upper back pain was reported. Physical examination did not evaluate the neck or upper back area, but did reveal a positive straight leg raise on the left. An H-wave unit for use on the neck was requested shortly thereafter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchased for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation Page(s): 117-118. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck section, Electrical muscle stimulation.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. On the contrary, the ODG states that any type of electrical stimulation used on the neck for chronic neck pain has very little evidence and even conflicting evidence to justify its use and does not recommend it for neck pain. The worker had used the H-wave unit for her chronic low back pain in the past. It is not clear in this case, why the H-wave unit was recommended for this worker for the "neck". There is no evidence for neck pain or injury, nor of any treatments rendered for this pain with more conservative methods in order to justify its approval for use on the neck. Therefore, the H-wave unit is not medically necessary.