

Case Number:	CM14-0096523		
Date Assigned:	07/28/2014	Date of Injury:	06/10/2005
Decision Date:	09/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/24/2014

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:

Patient is a 70-year-old male who has submitted a claim for degenerative cervical disc disease with radiculopathy, degenerative lumbar disc disease, left ulnar neuropathy, post-traumatic stress syndrome, depression, and sleep apnea associated with an industrial injury date of 6/10/2005. Medical records from 2014 were reviewed. Patient complained of neck pain radiating to the left upper extremity, rated 6/10 in severity. Physical examination showed trigger point at the neck and posterior shoulders. Motor strength was decreased at the left upper extremity. Sensation was diminished at the left ulnar nerve distribution. Treatment goals for H-wave device were: to reduce pain, to decrease medication intake, to prevent muscle atrophy, to improve functional activities, and to improve circulation. Patient underwent a 30 day trial of H-wave resulting to greater overall function. Treatment to date has included physical therapy, use of a TENS unit, and medications. Utilization review from 5/30/2014 denied the request for Home H-Wave Device for the cervical and lumbar spine because there was no evidence that the patient had failed to benefit from recommended conservative care, including a TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for the cervical and lumbar spine: 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 9792.20-9792.26, H-wave Stimulation Page(s): 117-118.

Decision rationale: As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, patient complained of neck pain radiating to the left upper extremity, rated 6/10 in severity, corroborated by weakness, trigger points, and dysesthesia. Symptoms persisted despite physical therapy, use of a TENS unit, and medications. Patient underwent a 30 day trial of H-wave resulting to greater overall function. Treatment goals for H-wave device were: to reduce pain, to decrease medication intake, to prevent muscle atrophy, to improve functional activities, and to improve circulation. However, there was no documentation regarding the decreased dosage or frequency of use of medications as well as the specific activities of daily living that he is now able to accomplish. Furthermore, there was no evidence that the patient was still continuing self-exercises at home since H-wave is not recommended as a solitary mode of treatment. Therefore, the request for Home H-Wave Device for the cervical and lumbar spine is not medically necessary.