

Case Number:	CM14-0125573		
Date Assigned:	09/24/2014	Date of Injury:	03/01/2011
Decision Date:	01/09/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old male who was injured on 3/1/2011. The diagnoses are status post cervical discectomy fusion, cervical radiculopathy, myofascial pain syndrome, neuropathy, neck pain and muscle spasm. The past surgery history is significant for C5-6 cervical fusion, left knee arthroscopic reconstruction. The EMG/NCV showed left cubital tunnel ulnar neuropathy. The patient had utilized a TENS unit. On 2/04/2014, [REDACTED] noted that the physical examination of the motor and sensory tests was normal. An additional use of the H-wave was requested to decrease the medication utilizations. The medications are Ultram, Percocet and Neurontin for pain and Flexeril for muscle spasm. There was no indication of medications reduction noted on the 7/11/2014 clinic visit after months of utilizing the H-wave device. A Utilization Review determination was rendered on 7/18/2014 recommending non certification for home H-wave device for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H Wave Device Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Device Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG recommend that H-wave device can be utilized as an alternative to TENS unit or as an integral part of PT /home exercise program. The use of H-wave device have lead to decrease` in pain scores, improved ADL and decreased medication utilization. The records indicate that the patient had utilized H-wave device for more than 6 months. The patient had also utilized TENS unit device. There is no documentation of improved ADL, decreased medication utilization or decreased pain scores. The medications dosages had remained the same. The criteria for the purchase of the Home H-wave device for the cervical spine were not met. The request is not medically necessary.