

Case Number:	CM14-0132979		
Date Assigned:	08/22/2014	Date of Injury:	08/14/2013
Decision Date:	01/28/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/19/2014

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 Practice, and is licensed to practice in 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 31-year-old male with a date of injury of 8/14/2003. According to the documentation provided, this patient alleged 14 months of harassment, neck pain, bumps on his head and back, leg cramps, and stress. This claim was not accepted. He had previously had an MRI of the cervical spine, which only showed mild disc desiccation at C4-C5 and C5-C6. An MRI of the Lumbar spine also only showed mild disc protrusion (2.2 mm) at L4-L5 and L5-S1. He also reportedly had a normal MRI of the Shoulder. Diagnoses include: right shoulder impingement syndrome (based on physical exam and not imaging studies,) cervical sprain/strain, lumbar sprain/strain, and stress and anxiety due to a hostile work environment. Prior treatment has included physical and chiropractic therapy. He is noted to be temporarily totally disabled. A request was made for an H-wave trial. This request was not certified by a utilization reviewer, and therefore and Independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 30 day trial H-Wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation Page(s): 117 and 118.

Decision rationale: California MTUS guidelines state regarding the H-wave unit, "Not recommended as an isolated intervention, but a one-month home-based trial of H- Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Regarding this patient's case, he does not have documentation of Diabetic Neuropathy. There is no documentation that this H-wave device would be used as an adjunct to an evidence-based functional restoration program. There is also no documentation of TENS unit use. This request for an H-wave device is not considered medically necessary.