

Case Number:	CM14-0189313		
Date Assigned:	11/18/2014	Date of Injury:	12/19/2002
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 19, 2002. A utilization review determination dated November 5, 2014 recommends noncertification of an H wave purchase. A progress report dated October 29, 2014 identifies subjective complaints of neck pain, right shoulder pain, and upper back pain. The patient also has numbness, tingling, and weakness of her arms. Trigger point injections have helped previously. Objective examination findings revealed tenderness to palpation in the cervical spine with pain upon range of motion testing. The patient also has reduced strength in the upper extremity on the right side. Sensation is reduced to light touch in the right arm. Tenderness to palpation is present in the lumbar spine. Diagnoses include cervical spondylosis, cervicgia, bilateral tendinitis in the forearms and wrists, right shoulder pain, neck pain, and upper back pain. The treatment plan recommends a cervical MRI, Terocin cream, Lidoderm, baclofen, stop Flexeril, stop Motrin, stop naproxen, and request an H wave unit. The note states that the patient has tried a tens unit for 2 years with only partial relief and has failed physical therapy. The note goes on to acknowledge guideline recommendations of an H wave trial prior to purchase. A note dated October 15, 2014 recommends continuing acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114, 117 and 118.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is 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, 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it appears the patient has used a tens unit for 2 years. Guidelines not recommend ongoing use of a tens unit unless there is documentation of analgesic benefit and objective functional improvement. It is unclear why the patient use the tens unit for 2 years if there was truly no benefit to its use. Additionally, there is no statement indicating how frequently the tens unit has been applied, the duration of use, or any statement indicating the exact analgesic and functional benefit from its use. Finally, there is no indication that the patient has undergone an H wave trial, prior to this current request for H wave purchase. As such, the currently requested H wave device is not medically necessary.