

Case Number:	CM15-0001463		
Date Assigned:	01/12/2015	Date of Injury:	01/17/2012
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 49-year-old female who reported an injury on 01/19/2012 due to cumulative trauma. Clinical note dated 11/10/2014 noted that the injured worker had a previous ESI 2 weeks prior and notes relief of pain. He notes continued soreness with range of motion and is considering a second ESI. The examination noted decreased spasm in the trapezius and rhomboid, with decreased stiffness and a positive Spurling's. There was tenderness to palpation over the C5-6 with increased range of motion. Diagnoses were cervical sprain and degenerative disc disease at the C5-6. Prior therapy includes epidural steroid injections and medications. The provider recommended H-Wave purchase. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The request for an H-Wave purchase is not medically necessary. The California MTUS Guidelines do not recommend the H-Wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy 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. There should be failure to respond to conservative care to include physical therapy, medications, and a TENS unit. The medical documentation does not address any numbness or muscle weakness to suggest neuropathic pain. Furthermore, there was no evidence of a trial and failure of initially recommended conservative treatment. There is no evidence that the H-Wave would not be used as an isolated intervention, as there is no mention of an adjunctive physical rehabilitation program noted. The body part at which the H-wave was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.