

Case Number:	CM15-0108709		
Date Assigned:	06/15/2015	Date of Injury:	06/05/2012
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 06/05/2012. She has reported subsequent neck, head and bilateral hand pain and was diagnosed with cervical spinal stenosis of C5-C6, degenerative disc disease of C5-C7, arthropathy of cervical facet joints, cervical, thoracic and lumbar subluxation complexes and cervicgia and cephalgia. Treatment to date has included oral and topical pain medication, TENS unit, injections, massage, chiropractic therapy and physical therapy. In a progress note dated 05/13/2015, the injured worker complained of numbness in both hands and increased neck stiffness. Objective findings were notable for cervical restriction with tension on right rotation at 60 degrees, right side bending at 20 degrees, soreness on flexion at 45 degrees and extension at 30 degrees and neck soreness when performing bilateral shoulder depressor and Soto Hall tests. The injured worker was noted to have utilized an H wave unit from 02/16/2015 to 04/22/2015 and the physician noted that the injured worker reported the ability to perform more activity and greater overall function due to use of the H wave unit. A request for authorization of a home H wave unit purchase was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Unit Purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-Wave Stimulation (HWT).

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

Decision rationale: The claimant sustained a work-related injury in June 2012 and continues to be treated for radiating neck pain. When seen, there had been benefit after home-based H-wave unit use during a two month trial. There was improved activity tolerance and function and the unit was being used daily. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. A one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of home-based H-wave use with reported improved function. Therefore, the requested H-wave unit is medically necessary.