MAXIMUS Federal Services

Case Number:	CM15-0182731		
Date Assigned:	09/30/2015	Date of Injury:	12/09/2014
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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
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 48 year old female, who sustained an industrial-work injury on 12-9-14. She reported initial complaints of right upper extremity pain. The injured worker was diagnosed as having cervicalgia, cervical radiculitis, and myofascial pain in cervical spine, lumbar disc syndrome per MRI (magnetic resonance imaging) causing radicular pattern of pain into the right upper extremity. Treatment to date has included medication, physical therapy with no relief, splint, bracing, massage therapy, transcutaneous electrical nerve stimulation (TENS) unit with no adequate relief, cortisone injection to the wrist and digit 5, and H-wave trial with reduction in medication. MRI results were reported on 4-22-15 of the cervical spine noted degenerative disc disease at C5-6 with bulge and spur with mild encroachment on the right nerve root. There was disc desiccation at C6-7 and C3-4. Currently, the injured worker complains of headaches and neck pain that was described as frequent, throbbing, numbness, tingling going down into the upper extremities. There is pain in the trapezium musculature with pain down into the right upper extremity and wrist, increasing with repetitive movement of the neck. Medication included Celexa and Naprosyn. Per the secondary physician's progress report (PR-2) on 8-10-15, the cervical spine had tenderness in the paraspinal musculature with myofascial trigger points extending into the trapezium, levator scapulae, and paracervical musculature on the right, lower facet joints are painful, decreased range of motion, normal DTR (deep tendon reflexes), and 4+ out of 5 wrist flexion. There is decreased sensation along the right C5-8 on the right. The Request for Authorization requested service to include Home H-wave device purchase for neck. The Utilization Review on 8-26-15 denied the request for Home H-wave device purchase for

neck, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase for neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient was injured on 12/09/14 and presents with neck pain. The request is for a Home H-wave device purchase for neck to use two times per day at 30-60 minutes per treatment PRN. The utilization review denial rationale is that "there is no indication of adjunctive therapy being used. The use of this modality remains controversial. There is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects." The RFA is dated 08/18/15 and the patient's current work status is not provided. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. The patient is diagnosed with cervicalgia, cervical radiculitis, and myofascial pain in cervical spine, lumbar disc syndrome per MRI (magnetic resonance imaging) causing radicular pattern of pain into the right upper extremity. Treatment to date includes medication, physical therapy with no relief, splint, bracing, massage therapy, transcutaneous electrical nerve stimulation (TENS) unit with no adequate relief, cortisone injection to the wrist and digit 5, and H-wave trial with reduction in medication. The 08/18/15 report states that "the patient utilized home H-wave from 07/09/15 to 08/03/15. Patient has reported a decrease in the need for oral medication due to the use of the H-wave device. Patient has reported more activity and greater overall function, a 60% reduction in pain. The patient is utilizing the home H-wave 1 time per day, 5 days per week, less than 30 minutes per session. Other treatments used prior to home H-wave: TENS unit, physical therapy, medications." MTUS guidelines recommend H-wave units as a conservative option for complaints of this nature. In this case, the patient has failed conservative therapies such as medications, a TENS unit, and physical therapy. Given this patient's presentation and the documentation of benefits from a month-long trial, a purchase is substantiated. Therefore, the request is medically necessary.