

Case Number:	CM15-0039879		
Date Assigned:	03/10/2015	Date of Injury:	03/02/1998
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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, 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 62 year old female who sustained an industrial injury on March 2, 1998. She has reported muscle spasms to her neck and arms and has been diagnosed with cervical musculoligamentous injury, cervical disc herniation, cervical paraspinal muscle spasm, severe, cervical radiculitis/radiculopathy of the upper extremities, and sacroiliitis of the left sacroiliac joint progressing. Treatment has included medical imaging, physical therapy, chiropractic care, acupuncture, and medications. Currently the injured worker had loss of normal cervical lordosis. There was tenderness on palpation over the spinous process from C7-T1. There was increased tone in the right and left trapezius with tenderness in the form of severe myofascial pain or deep palpation with severe guarding. The treatment plan included injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117-118.

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 there is no indication that the patient has undergone a 30 day TENS unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device is not medically necessary.