

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0042643 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 10/05/2005 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Emergency Medicine

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 54 year old male, who sustained an industrial injury on 10/5/2005. The current diagnoses are cervical intervertebral disc displacement without myelopathy, cervical sprain syndrome, and status post anterior decompression and cervical fusion. According to the progress report dated 1/8/2015, the injured worker complains of pain (unspecified site). The medication list was not included in the progress report provided. Treatment to date has included medication management, physical therapy, TENS unit, H-Wave, and surgical intervention. The plan of care includes H-Wave device purchase for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device purchase for cervical spine: Upheld

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

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

Decision rationale: The requested H-Wave device purchase for cervical spine is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has chronic pain. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, H-Wave device purchase for cervical spine is not medically necessary.