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| Case Number: | CM15-0046726 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 01/24/2008 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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: Internal 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 55 year old male who sustained an industrial injury on 01/24/08. Initial complaints and diagnoses are not available. Treatments to date include an H-wave stimulator trial, physical therapy, and medications. Diagnostic studies include x-rays and a MRI of the cervical spine and a CT scan of the neck. Current complaints include neck pain and impaired activities of daily living. In a progress note dated 01/20/15 the treating provider reports the plan of care includes the purchase of an H-wave stimulator. The requested treatment is an H-wave stimulator purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a H-wave stimulator for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies. Work Loss Data Institute - Neck and upper back, acute & chronic (2013) <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines indicates that H-wave stimulation (HWT) is not recommended as an isolated intervention. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. The medical records document cervical spine complaints. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of TENS and H-wave electrotherapy for neck conditions. Therefore, the request for a H-wave stimulator is not medically necessary.