

Case Number:	CM15-0053679		
Date Assigned:	03/27/2015	Date of Injury:	09/18/2007
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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 34-year-old female with an industrial injury dated September 18, 2007. The injured worker diagnoses include cervical radiculopathy, cervical facet syndrome, spasm of muscle and other pain disorder related to psychological factors. She has been treated with diagnostic studies, rehabilitation program, prescribed medications and periodic follow up visits. According to the progress note dated 2/20/ 2015, the treating physician noted that the injured worker used an H-wave unit with treatment that benefited in increasing her function. The treating physician prescribed services for H-wave unit purchase now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, H-wave stimulation section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave device Page(s): 114.

Decision rationale: The patient presents with pain and weakness in her neck and upper extremity. The request is for H-wave unit purchase. Per 01/07/15 progress report, the patient has had medication, physical therapy, acupuncture, chiropractic treatment, ganglion cyst removal in 2010, functional restoration program, and psychotherapy in the past. The patient has not worked since 2012. The utilization review letter on 03/02/15 indicates "the patient used H-wave unit and benefit in terms of increased function. The patient reports that it allowed her to sit and stand longer, manage pain flares, increased level of activity. Performed her duties at home as a mother of two twins, and those volunteer work related to her studies." MTUS guidelines page 114, under Transcutaneous electrotherapy section, do not recommend H-Wave stimulation unless it is for a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation to be used as an adjunct to a program of evidence-based functional restoration, or failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. MTUS guidelines recommend rent H-Wave stimulation after one-month H-Wave successful trial as long as how often the unit was used as well as outcomes in terms of pain relief and function is documented. Trial of TENS unit is first recommended before using an H-wave. In this case, the review of the reports indicates that the patient has had physical therapy in the past. None of the reports provide treatment history to understand whether or not a TENS unit has been adequately tried. The utilization review letter on 03/02/15 denied the request of H-wave unit purchase due to "no documentation that she has tried and failed a 30-day rental of a TENS unit prior to consideration for H wave." MTUS guidelines recommend H-Wave after one-month trial demonstrates effectiveness and the patient must have failed TENS unit. The request is not medically necessary.