

Case Number:	CM15-0083473		
Date Assigned:	05/05/2015	Date of Injury:	05/21/2014
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56-year-old male injured worker suffered an industrial injury on. The diagnoses included cervical fusion 12/20/2014. The diagnostics included cervical x-rays. The injured worker had been treated with medications and occupational therapy. On 3/11/2015, the treating provider reported post cervical fusion complaining of some post-operative arm pain and using the H-wave machine with benefit. The injured worker continues to have neck pain and stiffness. The treatment plan included Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue H-Wave Unit Rental X3 Months Cervical: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) 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 (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Medical records cite improvement in the patient's symptoms with the use of the H-wave unit. However, the treating physician provided documentation of functional improvement; objective findings have improved, or if there was decrease in medication usage (as reported by survey form). Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request for Continue H-Wave Unit Rental X3 Months Cervical is not medically necessary.