

Case Number:	CM15-0085734		
Date Assigned:	05/07/2015	Date of Injury:	02/07/2011
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 02/07/2011. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having chronic musculoskeletal pain, history of cervical disc herniation, status post revision of cervical spine surgery, history of cervical myelopathy, lumbar strain, lower extremity gait disturbance, bilateral shoulder impingement, history of cervical myeloradiculopathy, myofascial pain, insomnia, and increasing left arm numbness and weakness. Treatment and diagnostics to date has included cervical spine MRI, cervical spine surgeries. In a progress note dated 04/01/2015, the injured worker presented with complaints of chronic neck, shoulder, scapular, and arm pain. Objective findings include decreased range of motion in cervical spine, tenderness over the anterior shoulder, and more weakness on the left leg than right leg. The treating physician reported requesting authorization for the purchase of an H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave (purchase): Upheld

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

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

Decision rationale: Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation (HWT) may be considered as a noninvasive conservative option for 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 therapy. The records submitted do not indicate failure of prior conservative therapy. There also does not appear to be a functional restoration program in place. Therefore the request is deemed not medically necessary.