MAXIMUS Federal Services

Case Number:	CM14-0130670		
Date Assigned:	08/20/2014	Date of Injury:	06/10/2013
Decision Date:	09/18/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female with an injury date of 06/10/13. Based on the 07/10/14 progress report provided by [redacted] the patient complains of neck pain with stiffness and arm pain bilaterally rated 7-8/10. She also presents with wrist numbness, bilateral elbow and low back flare-ups, and decreased range of motion on bilateral shoulders. Physical Examination showed, tenderness, decreased ROM of C-spine with positive Spurling's and sensory changes in C5-6 nerve distribution. Shoulder exam showed positive Cross-arm, and limited ROM. Lumbar Spine examination showed tenderness over posterior paravertebral muscles; limited ROM in all planes; Straight Leg Raise Test: positive eliciting low back pain. The listed diagnoses were: 1. cervical spine sprain and strain (based on MRI, date unspecified); 2. thoracolumbar spine sprain and strain; 3. sacroiliac joint sprain; 4. right shoulder impingement; 5. bilateral elbow cubital tunnel syndrome; 6. bilateral wrist tenosynovitis; 7. carpal tunnel syndrome; 8. headaches, psych internal medication; 9. sleep difficulties; EMG 07/03/14 were negative. Progress report dated 07/10/14 states that patient has had conservative treatments including medication, chiropractic and acupuncture in the past, which did not produce even slight improvements in the patient's condition. It is noted that since 04/23/14 office visit, that patient noticed her pain was decreased through the use of an H-wave unit in conjunction with medications and home exercise programs. [redacted] is requesting for DME: Home H-wave Device. The utilization review determination being challenged is dated 08/12/14. The rationale is that information submitted does not reflect evidence of sustained functional benefit from using the H-wave device. [redacted] is the requesting provider, and he provided treatment reports from 01/24/14 - 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dme: Home H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: This patient is a 67-year-old male with a date of injury of 02/05/2008. This patient presents with neck, low back, and leg pain. The treater is requesting a purchase of a home H-wave device. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. In this case, the patient was prescribed a 30-day trial of the H-wave unit on 04/26/2013. Subsequent reports dated 06/11/2013, 09/06/2013, and 10/04/2013 all seem to mention that the patient received "positive effect" by using the H-wave unit. However, the actual documentation shows that the patient's pain level increased during this time. The patient's VAS score was 6/10 on 4/26/13 when H-wave was started, and by 6/11/13, VAS had climbed to 8/10. There were no changes in use of medication and no functional improvement. Given the lack of benefit from H-wave trial, this request is not medically necessary.