

Case Number:	CM14-0136525		
Date Assigned:	09/03/2014	Date of Injury:	07/29/2012
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, 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 injured worker is a 40-year-old female who reported an injury on 07/29/2012. Mechanism of injury was not submitted for review. The injured worker has diagnoses of displacement of cervical intervertebral disc without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Past medical treatment consists of physical therapy, the use e stim, ultrasound therapy, chiropractic therapy, and medication therapy. On 08/12/2012, the injured worker underwent an MRI of the cervical spine. On 05/13/2013, the injured worker stated that she had 0 pain on a scale of 0 to 10. She claimed she had 100% improvement due to the use of a home H wave machine. Physical examination revealed a flexion of 50 degrees, extension of 60 degrees, left lateral flexion of 45 degrees, right lateral flexion of 40 degrees, left rotation of 80 degrees, and right rotation of 80 degrees. Tenderness to palpation and paraspinal spasms were positive at the spinous process, paravertebral muscle, and upper trapezius muscle. Maximal foraminal compression test was positive bilaterally. Deep tendon reflexes of the biceps, triceps, and brachioradialis were 2+ bilaterally. Upper extremity evaluation revealed they were within normal limits. The treatment plan was for the use of an H wave unit. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-H-Wave unit date of service from 5/22/2013 to 5/22/2013: Upheld

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

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

Decision rationale: The decision for retrospective H wave unit date of service from 05/22/2013 to 05/22/2013 was not medically necessary. The California MTUS Guidelines do not recommend the H wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic, neuropathic, 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). In a recent retrospective study suggesting effectiveness of the H wave device, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There was no evidence that H wave is more effective as an initial treatment when compared to TENS for analgesic effects. Guidelines also stipulate that a 1 month home based trial be considered before purchase. Given the above, the injured worker is not within the MTUS recommended guidelines. The medical documentation did not address any numbness or muscle weakness to suggest neuropathic pain. Additionally, there was no diagnosis of diabetic neuropathic pain or chronic soft tissue inflammation. Furthermore, it was not noted in the submitted documentation that the injured worker had trialed and failed recommended conservative care. The request as submitted also did not stipulate whether the H wave unit was for an initial rental of 30 days or for purchase. As such, the request for retrospective H wave unit was not medically necessary.