

Case Number:	CM14-0035408		
Date Assigned:	06/23/2014	Date of Injury:	12/01/1999
Decision Date:	07/03/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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 67 year old male, who sustained an industrial injury on 12/01/1999. The mechanism of injury was not made known. According to a progress report dated 02/27/2014, the injured worker was 12 years postoperative C4-5, C5-6 and C6-7 fusion and instrumentation. Over the past several years, he had increasing suboccipital headaches, neck pain and right upper shoulder and arm pain. MRI and plain x-rays showed evidence of segmental instability and spinal stenosis at the C3-C4 spinal segment. Since his 2001 surgery, he had two cerebrovascular accidents and had developed chronic obstructive pulmonary disease. Additional cervical reconstruction was contraindicated in the face of numerous medical issues. He still ambulated with a cane in his right hand. He had rare loss of balance. His neck pain was related to cervical extension, prolonged cervical flexion, overhead reaching, sleeping without support, driving or sudden unexpected movement. He had pain relief with Norco and cervical immobilization. Impression was noted as C3-C4 degenerative spondylosis with spinal stenosis without clinical evidence of myelopathy. Recommendations included a new wire-frame cervical orthosis. He was given a prescription for an H-Wave unit to decrease his requirements of Norco. Treatment to date has included medications, surgery and epidural steroid injections. Currently under review is the request for H-Wave purchase for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 116, 117.

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

Decision rationale: The patient presents on 02/27/14 with suboccipital headaches, neck pain, and right upper shoulder and arm pain. The patient's date of injury is 12/01/99. Patient is status post cervical anterior fusion with instrumentation circa 2001. The request is for H-WAVE PURCHASE FOR HOME USE. The RFA was not provided. Physical examination dated 02/26/15 reveals reduced cervical range of motion in all planes, especially left rotation and extension, reduced deep tendon reflexes in the upper extremities, and decreased sensation in the right lateral arm and shoulder along the C3/C4 dermatomal distribution. The patient's current medication regimen was not included. Diagnostic imaging included cervical X-ray dated 02/26/15, significant findings include: anterior positioning of C3 on C5 with slight narrowing of the disc space and moderate facet joint degenerative changes at this level are again apparent. there has been anterior surgical fusion in the cervical spine at C4-5, C5-6, and C6-7. Patient's current works status is not provided. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." Only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In regard to the purchase of a home-use H-wave device, there is inadequate documentation of a successful 30 day trial. MTUS guidelines recommend H-wave units as a conservative option for complaints of this nature, however they do require a 30-day trial with documented efficacy before the purchase of a unit for home use. Without such documentation the purchase of an H-wave unit cannot be substantiated. The request IS NOT medically necessary.