

Case Number:	CM14-0054499		
Date Assigned:	07/07/2014	Date of Injury:	12/10/2008
Decision Date:	02/11/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 Internal Medicine 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 (IW) is a 56-year-old man with a date of injury of April 20, 2005. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are right carpal tunnel syndrome; status post removal of segmental instrumentation at the C3 through C7 level and bilateral C6 through (?); status post successful selective nerve root blocks and hardware blocks; foraminal stenosis C3-C7; and bilateral cervical radiculopathy. Pursuant to the most recent progress note in the medical record dated January 24, 2014, documentation indicates the IW noted improvement in the past with TENS unit in physical therapy (PT). He also has significant improvement with PT, which included massage, in the past. He takes Norco, Ibuprofen, Lyrica, and Omeprazole for his ongoing complaints. The IW complains of neck pain radiating into the shoulders and down the right arm. Pain is rated 9/10. The physical examination was deferred. There are no objective physical findings documented in the medical record. In a Home Electrotherapy Recommendation and History form dated January 22, 2014, documentation indicated conservative therapy already performed consists of medications, PT, and TENS unit. The TENS was used from 2010-2011 in a clinical setting for 15-minute sessions. The IW marked the "no" box indicating the TENS unit did not provide relief. The total number of PT sessions was not documented in the medical record. There was no evidence of objective functional improvement associated with prior PT. The current request is for home H-wave device, 6-week trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Six Week Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Device Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, H Wave Device.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home H wave device six week trial is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high-quality studies on this topic were identified if it is used, HWT is not recommended as an isolated intervention. The Patient Selection Criteria are enumerated in the Official Disability Guidelines and should be documented to be determined to be medically necessary. These criteria include, but are not limited to, HWT may be considered on a trial basis in other noninvasive conservative modalities have failed. A one month home-based trial may be considered following a documented face-to-face clinical evaluation and physical examination. For additional criteria see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome; status post removal of segmental instrumentation at C3 through C7 and bilateral C6 through (?); Status post successful selective nerve root blocks and hardware blocks; foraminal stenosis C3 through C7; and bilateral cervical radiculopathy. A progress note dated January 24, 2014 indicates the injured worker used a TENS unit while in physical therapy and had improvement. The treating physician indicates the H wave unit would be beneficial in helping the injured worker increase functional ability. However, in the treatment request dated January 22, 2014, the question as to whether the TENS provided adequate relief for benefit: the no box was checked. There was no physical examination in the record and no evidence of concurrent pain management (i.e. physical therapy). The guidelines recommend a 30 day trial for the H wave device. The treating physician requested a six-week trial. Consequently, absent the clinical documentation to support each wave device and the trial request in excess of the recommended guidelines (6 weeks), H wave device six week trial is not medically necessary.