

Case Number:	CM15-0121606		
Date Assigned:	07/02/2015	Date of Injury:	02/12/2013
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55-year-old male, who sustained an industrial injury on 2/12/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion at cervical 4-7, right cubital syndrome with pseudoarthrosis at cervical 4-5 and 6-7. Recent cervical x-rays and computed tomography scan showed intact cervical hardware for prior surgery and mild bilateral foraminal narrowing. Treatment to date has included surgery, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. In a progress note dated 5/27/2015, the injured worker complains of neck pain radiating down to the bilateral shoulders, mid-scapular region and right upper extremity numbness. Pain was rated 4/10 with medications and 5/10 without medications. The injured worker has a pending radiofrequency ablation for cervical 3-7. Physical examination showed cervical tenderness and pain with motion. Current medications include Ibuprofen, Soma and Tramadol. The treating physician is requesting an H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: 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 (HWT) Page(s): 117-118.

Decision rationale: H-wave unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation indicates that the patient has had improved pain from the H-wave unit and improved function, however, the medical records indicate there has been no change in prescribed medications and the patient continues to be temporarily totally disabled, which describes a profound failure of treatment and is not an indicator of increased function. Therefore, the request for an H wave unit is not medically necessary.