MAXIMUS Federal Services

Case Number:	CM15-0129183		
Date Assigned:	07/15/2015	Date of Injury:	11/20/2013
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 11/20/2013, due to a trip and fall. The injured worker was diagnosed as having sprain of neck, brachial neuritis or radiculitis, not otherwise specified, spinal stenosis in cervical region, and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic, and medications. Currently, the injured worker complains of pain and impaired activities of daily living. It was documented that she could not take medication due to a severe ulcer. She utilized topical Ultracin lotion. She was given H-wave trial beginning in 3/25/2015-5/11/2015, noting use twice daily, seven days per week, for up to 45 minutes, along with home exercise. She reported that daily activities were increased, noting the ability to lift more, neck and shoulder pain relief, ability to do more housework, and better sleep. Based on the outcome of the H-wave trial, she was recommended purchase of unit for indefinite use. Her work status was modified and she was documented as working. Chiropractic sessions were also noted during this time, per the PR2 dated 4/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device, purchase/indefinite use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: This claimant was injured in 2013 from a trip and fall and had sprain of neck, brachial neuritis or radiculitis, not otherwise specified, spinal stenosis in the cervical region, and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic, and medications. There is continued pain and impaired activities of daily living. It was documented that she could not take medication due to a severe ulcer. She was given H-wave trial beginning in 3/25/2015-5/11/2015, noting use twice daily, seven days per week, for up to 45 minutes, along with home exercise. She reported that daily activities were increased, noting the ability to lift more, neck and shoulder pain relief, ability to do more housework, and better sleep. Based on the outcome of the H-wave trial, she was recommended purchase of unit for indefinite use. Her work status was modified and she was documented as working. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but it may be a conservative option with a successful trial if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). It is not clear the usage is part of an evidence-based functional restoration program, or that conditions are met for electrotherapy. The request was appropriately non-certified under MTUS criteria, and not medically necessary.