MAXIMUS Federal Services

Case Number:	CM15-0176061		
Date Assigned:	09/17/2015	Date of Injury:	12/09/2014
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New
York Certification(s)/Specialty: Internal 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 55-year-old female who sustained an industrial injury on 12-9-14. Diagnoses are noted as musculoligamentous sprain cervical spine with upper extremity radiculitis, disc protrusion C3-C4 and C6-C7 (per MRI 2-23-15), disc-osteophyte complex C (per MRI 2-23-15), musculoligamentous sprain lumbar spine with lower extremity radiculitis, and disc bulges L2-L3, L3-L4, L4-L5 and L5-S1 (per MRI). Previous treatment noted includes MRI, nerve conduction study, X-rays, medication, and a home exercise program. In a progress report dated 8-18-15, the physician notes she is still taking Cyclobenzaprine for her increased pain. There is mild improvement in the neck. There is still pain, stiffness, and limited range of motion to the left. Radiating pain and numbness and tingling on both hands with pain and stiffness to the right middle finger is noted. She reports it is always painful across the lower back and there is occasional numbness to both feet. Pain is aggravated with activity. The treatment plan is to continue Cyclobenzaprine, await authorization of chirotherapy, and awaiting H-wave unit. Work status is to return to full duty on 7-23-15 with no limitations or restrictions. A request for authorization is dated 8-18-15. The requested treatment of an H-wave unit was non-certified on 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit (unknown if rental or purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-Wave stimulation.

Decision rationale: Pursuant to the Official Disability Guidelines, H wave unit (unknown if rental or purchase) is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one-month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are musculoligamentous sprain cervical spine with upper extremity radiculitis; disc protrusion C3 - C4 and C6 - C7 disk/osteophyte complex C-5 - C6; musculoligamentous sprain lumbar spine and lower extremity radiculitis. Date of injury is December 9, 2014. Request for authorization is August 19, 2015. According to a July 23, 2015 progress note, subjective complaints include neck pain, numbness in the right hand and low back pain. Objectively, there is a single clinical entry of decreased sensation in the toes. There is no physical examination of the cervical spine or lumbar spine and no neurologic evaluation. The documentation indicates there has been no physical therapy to date. There is no documentation of an H wave trial. There is no documentation of a failed TENS trial. Additionally, the documentation does not indicate whether the H wave unit is for purchase or rental. Based on the clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation with a complete physical exam (of the cervical and lumbar spine), no documentation of a failed TENS trial, no documentation of a one month H wave trial, and no documentation indicating whether H wave unit is for purchase or rental, H wave unit (unknown if rental or purchase) is not medically necessary.