

Case Number:	CM15-0068992		
Date Assigned:	04/16/2015	Date of Injury:	12/09/2011
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/12/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 42-year-old female, with a reported date of injury of 12/09/2011. The diagnoses include chronic cervical pain, status post C5-C7 anterior cervical discectomy and fusion, and cervical radiculopathy in the left C5-6. Treatments to date have included oral medications, electromyography study, x-rays of the cervical spine, cervical fusion, computerized tomography (CT) scan of the cervical spine, H-wave unit trial, transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. The progress report dated 03/06/2015 indicates that the injured worker continued to have neck pain and right hand pain. She rated her pain 3-4 out of 10 without medications, and 0 out of 10 with medications. The physical examination of the cervical spine and upper extremities showed no tenderness or spasm of the paracervical muscles or spinous processes, no tenderness over the base of the neck, no tenderness over the base of the skull, no tenderness over the bilateral trapezius muscles, no tenderness over the interscapular space, no tenderness over the anterior cervical muscles, intact sensation of the bilateral upper extremities, and positive Spurling's test. The treating physician requested the purchase of a home H-wave device for the cervical spine. The medical report dated 03/04/2015 indicates that the injured worker reported the ability to perform more activity and greater overall function due the use of the H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HWAVE DEVICE PURCHASE- CERVICAL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month 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, including recommended physical therapy including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, she had failed other conservative therapies including physical therapy, medications, and TENS unit. She also trialed the H-wave device for nearly one month with reports of significant pain reduction, medication reduction, and functional gains. Therefore, based on the documentation provided, the request is medically necessary.