

Case Number:	CM15-0069651		
Date Assigned:	05/18/2015	Date of Injury:	08/06/2009
Decision Date:	06/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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, Illinois
 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 64-year-old, male who sustained a work related injury on 8/6/09. The diagnoses have included multilevel cervical spondylosis without myelopathy and cervical radiculopathy. The treatments have included cervical epidural steroid injections, cervical facet injections, medications, and physical therapy and home exercises. In the PR-2 dated 2/11/15, the injured worker complains of worsening, chronic neck pain. The treatment plan is a request for physical therapy with H Wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit rental: 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.

Decision rationale: The injured worker sustained a work related injury on 8/6/09. The medical records provided indicate the diagnosis of multilevel cervical spondylosis without myelopathy and cervical radiculopathy. The treatments have included cervical epidural steroid injections, cervical facet injections, medications, and physical therapy and home exercises. The medical records provided for review do not indicate a medical necessity for H-wave unit rental. The medical records indicate the injured worker was requested for physical therapy. The MTUS

does not recommend H-Wave as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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 (i. e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical records do not indicate the injured worker has failed treatment with physical therapy, in fact the injured worker was requested for prescribed physical therapy the same time that the request for H-Wave was made. This request is not medically necessary.