

Case Number:	CM14-0155551		
Date Assigned:	09/24/2014	Date of Injury:	03/30/2012
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 03/30/2012. The injured worker was reportedly struck by a heavy piece of equipment. Previous conservative treatment is noted to include epidural steroid injection, physical therapy, medications, and TENS therapy. The current diagnosis is C1-4 spinal cord injury. A Primary Treating Physician's Narrative Report was submitted on 08/27/2014. The injured worker reported complaints of pain and impaired activities of daily living. It is noted that the injured worker utilized a home H wave device from 06/06/2014 through 08/14/2014. The injured worker reported a decrease in the need for oral pain medication and an increase in the ability to perform activities of daily living. Treatment recommendations included the purchase of a home H wave device and system. There was no physical examination provided on the requesting date. A Request for Authorization form was then submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Machine purchase for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be documentation of a failure of initially recommended conservative care including physical therapy, medications, and TENS therapy. As per the documentation submitted, the injured worker has exhausted conservative treatment. The injured worker also reported an improvement in symptoms with the use of an H wave stimulation unit. However, there was no documentation of a recent physical examination documenting evidence of a significant functional deficit that would support the ongoing use of H wave stimulation. Therefore, the current request cannot be determined as medically necessary at this time.