

Case Number:	CM13-0016229		
Date Assigned:	11/06/2013	Date of Injury:	01/31/2012
Decision Date:	01/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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 patient is a 53-year-old female who reported a work-related injury on 01/31/2012. Specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, musculoligamentous strain of the lumbar spine, herniated disc disease, musculoligamentous strain of the cervical spine, and facet joint hypertrophy at the lumbar spine. The clinical note dated 07/17/2013 reported the patient was seen under the care of [REDACTED]. The provider documents the patient presents with significant low back pain with radiculopathy. The provider documents the patient reports utilization of Vicodin on an as needed basis for her pain complaints. Upon physical exam of the patient's lumbar spine, there was tenderness over the paravertebral muscles, the patient had decreased range of motion with anterior flexion of the trunk with positive straight leg raise. Neurological examination revealed decreased sensation over the calf and the small toe. The provider documented request authorization for an epidural steroid injection to the patient's lumbar spine as well as use for an H-wave unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The current request is not supported. The clinical notes document the patient has had current increase in her rate of pain about the lumbar spine due to recent discontinuation of naproxen for the patient's pain complaints, as the provider documents the patient had previous gastric bypass and naproxen would not be supported for use for this patient. The patient reports utilizing Vicodin on an as needed basis. However, California MTUS recommends H-wave as conservative treatment for diabetic neuropathic pain or soft tissue inflammation. The clinical notes did not evidence the patient had failed with a trial of a TENS unit prior to a request for use of an H-wave. Additionally, trial of an H-wave would be indicated prior to purchase of this modality. Given all of the above, the request for H-wave unit for lumbar spine is not medically necessary or appropriate.