

Case Number:	CM13-0025066		
Date Assigned:	11/20/2013	Date of Injury:	11/11/2010
Decision Date:	04/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 and is licensed to practice in California. 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 patient is a 33 year old female who was injured on 11/11/2010 while she was walking out of an office and tripped on the manager's foot, falling onto a table, twisting and bending backwards. Prior treatment history has included physical therapy, chiropractic care, TENS unit, psychiatric treatment, injection and medications to include the following: 1. Norco 10/325 mg 2. Celebrex 200 mg 3. Lidoderm 5% patch 4. Lyrica 75 mg 5. Docusate Sodium 250 mg 6. Prevacid 15 mg 7. Sucralfate 1 gm 8. Trazadone 50 mg 9. Zantact 150 mg 10. Strattera 60 mg 11. Lamictal 100 mg 12. Seroquel 100 mg 13. Acyclovir 400 mg 14. Maca 600 mg 15. Strattera 40 mg Diagnostic studies reviewed include MRI of the right shoulder dated 03/19/2013 revealing no acute right shoulder abnormality identified. Minimal degenerative changes at the acromioclavicular joint. PR-2 dated 11/20/2013 documented the patient to have complaints of back pain radiating from low back down to right leg. Pain level has decreased since last visit. Quality of sleep is normal. Her activity level has increased. Denies any new numbness/tingling/weakness or bowel or bladder issues. Pain 1/10 with Lyrica but still with pain with RLE with ambulation and has pain in the left with extension and rotation rated 6/10-pending L MBB. Was requested on right side erroneously last visit. She states she has increasing right foot pain to the 1st metatarsal region. She was advised that this was not an approved body part, however, patient states she has difficulty walking at times due to the pain. Objective findings on reveal the patient has a mild antalgic gait, has slowed gait and does not use assistive devices. Examination of the cervical spine reveals range of motion is restricted. On examination of the paravertebral muscles, tenderness and tight muscle band is noted on the right side. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Thoracic spine exam reveals range of motion is restricted with flexion, extension, right and left lateral bending and left and right lateral rotation. On palpation, paravertebral muscles, tenderness

is noted on the left side. Lumbar facet loading is positive on the left side. Straight leg raising test is negative. Tenderness is noted over the sacroiliac spine with positive tenderness to palpation over the bilateral facet joints, left greater than right. The right shoulder movements are restricted with flexion limited to 112 degrees and abduction limited to 90 degrees. Neer, Hawkins, Empty Cans and shoulder crossover tests are negative. On palpation, tenderness is noted in the acromioclavicular joint. Neurological exam reveals motor testing limited by pain. Patient moves all extremities well. Diagnoses: Lumbar radiculopathy Lumbar facet syndrome Low back pain Sacroiliac pain Shoulder pain Cervical pain Cervical radiculopathy

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME): H-Wave unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment, H-Wave Stimulation (HWT), Page(s): 117 - 118.

Decision rationale: H-wave stimulation is not recommended as an isolated treatment intervention, and is only considered for use as a one month home-based trial as part of a comprehensive functional restoration program for the treatment of soft-tissue inflammation. Furthermore, it is only to be considered for use after other conservative treatment options have failed. The current medical records do not indicate that the patient appears to have any evidence of soft tissue inflammation, nor are there any records indicating how the equipment will be used as part of a functional restoration program. Based on the lack of supporting documentation and the lack of evidence to support its use, the request is non-certified.