

Case Number:	CM13-0027820		
Date Assigned:	11/22/2013	Date of Injury:	06/15/2006
Decision Date:	02/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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 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 reported a cumulative trauma injury on 6/15/06. She has been diagnosed with spinal stenosis secondary to transition syndrome status post ACDF C5/6 and C6/7; residual rotator cuff tear, right shoulder. The 8/13/13 report from [REDACTED], states the pain is 6/10 and she has bilateral upper extremity numbness and tingling. The IMR application shows a dispute with the 9/11/13 UR decision. The 9/11/13 UR letter is from [REDACTED], and recommends non-certification for the one-month home use, H-wave unit 1-2x/day for 30-60 minutes each session.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit, one month home use evaluation to be used 1-2 times daily for 30-60 minutes each session or as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The UR rationale for denial of the H-wave trial, was that the MTUS criteria for H-wave trial has not been met. MTUS states a trial of H-wave can be used for soft tissue

inflammation or diabetic neuropathic pain, if used as an adjunct to a program of evidence-based functional restoration, and only following failure of conservative care including PT, exercise, medications and TENS. UR stated there was no trial and failure of TENS documented. For IMR, I have been provided medical records from [REDACTED] going back from 9/19/2013 through 2/7/2012, and am not able to locate documentation of a TENS trial, or indication that it is to be used as an adjunct to a program of functional restoration. Based on the available information, the H-wave 30-day trial is not in accordance with MTUS recommendations.