

Case Number:	CM13-0028631		
Date Assigned:	11/27/2013	Date of Injury:	04/01/2011
Decision Date:	04/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 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 60-year-old female who reported injury on 04/01/2011. The mechanism of injury was noted to be the patient was picking up jewelry displays and the heavy ones were on the bottom. The documentation of 09/20/2013 revealed the patient had triggers that were improved. It was indicated the patient wanted an H-wave. The fax that was provided was of poor quality. The request was made for an H-wave rental for 6 months. The patient's diagnoses were noted to include back ache unspecified, and displaced thoracic and cervical intervertebral discs as well as spinal enthesopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE RENTAL FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117-118.

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft

tissue inflammation if used as an adjunct to a program of evidence based 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). Clinical documentation submitted for review failed to meet the above criteria. The request for 6 months exceeds guideline recommendations of 1 month for trial of an H-wave device. Given the above, the request for H-wave rental for six (6) months is not medically necessary.