

Case Number:	CM13-0033736		
Date Assigned:	12/06/2013	Date of Injury:	02/13/2004
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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 and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 02/13/2004, mechanism of injury not stated. The patient presents for treatment of the following diagnosis: pain to the shoulder region. The clinical note dated 11/11/2013 reports the patient was seen under the care of [REDACTED] for her continued pain complaints. The provider documents the patient utilizes Norco, Flexeril, Ultram, Prilosec, and Anaprox. The provider documents the patient is not attending physical therapy. The patient reports continued neck pain, low back pain, and bilateral knee pain. The provider documents tenderness over the T9-10 to percussion and diminished sensation to the lateral thighs bilaterally. The provider's recommended treatment plan was to include continued medication use, continue exercises, and request authorization for the patient to consult with a psychiatrist. The patient was injected with an IM for relief of the patient's back symptoms

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave System for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: The Chronic Pain Guidelines indicate, "H-wave stimulation is not recommended as an isolated intervention, but a one (1) month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electric nerve stimulation." The clinical documentation submitted for review reports that the patient presents with multiple bodily injury pain complaints status post an unspecified work related injury sustained on 02/13/2004. The clinical notes failed to show evidence that the patient had utilized and failed with trial of a TENS unit. In addition, the current request is for purchase of an H-wave system for the lumbar spine. It is unclear if the patient has utilized a trial of this modality for her pain complaints and efficacy of treatment.