

Case Number:	CM13-0036421		
Date Assigned:	12/13/2013	Date of Injury:	05/07/2013
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 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 51-year-old male who reported an injury on May 07, 2013. The mechanism of injury occurred when he lost his balance while stepping down from a ladder and fell to the floor. The patient's diagnoses include degeneration of thoracic or thoracolumbar intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, and closed fracture of dorsal thoracic vertebra without mention of spinal cord injury. Review of the medical record shows that the patient has received the following treatments to date: medication management, a 1 day trial of Transcutaneous Electrical Nerve Stimulation (TENS) use, physical therapy for 16 sessions, and the patient received a trigger point injection on October 03, 2013. The patient had multiple diagnostic studies done. The most recent clinical note is dated October 03, 2013. The patient returned in regards to his multiple thoracic compression fractures. The patient has continued his own home exercise program and does so daily. Physical examination of the cervical spine showed tenderness in the levator scapulae. There was also tenderness of the C7 spinous process and the C8 to T1 spinous process. Active range of motion was done with no crepitus or pain elicited on motion, flexion was normal, extension normal, rotation normal, and lateral flexion was normal as well. The patient was treated on August 28, 2013 with the TENS unit for 15 minutes, and it did not help.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a 30 day trial of an H-Wave Unit 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 (HWT) Page(s): 117-118.

Decision rationale: Per the California MTUS, H-Wave is not recommended as an isolated therapeutic modality, and there must be required documentation of a trial of a TENS unit. There is no provided documentation of a 30-day trial period for use of a TENS unit. Therefore, the medical necessity for the H-Wave unit trial cannot be proven. As such, the request for a 30-day trial of H-wave unit for the lumbar spine is not medically necessary or appropriate.