

Case Number:	CM13-0041791		
Date Assigned:	12/20/2013	Date of Injury:	10/14/2003
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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:

This 48-year-old claimant was injured on 10/14/03. She has been treated for neck and shoulder pain. At the office visit dated 08/22/13 with [REDACTED], [REDACTED] stated that due to neck pain radiating to the right upper extremity with associated tingling and numbness and history of dropping objects in the right hand, she is concerned about cervical radiculopathy versus peripheral nerve entrapment. An EMG nerve conduction study and an MRI were requested. Examination that date demonstrated only decreased sensation in the right median nerve distribution. No examination was performed for radiculopathy or carpal tunnel syndrome. This claimant has treated with [REDACTED] who has prescribed an H wave unit. A 30-day trial was approved in May of 2013. Three additional months were then approved from July of 2013 through October of 2013. In September of 2013, [REDACTED] requested a purchase of the H wave unit for home use. No records are provided, which document if the H wave stimulator has had any benefit during the trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for purchase H-Wave unit following a completed 4-month trial: Upheld

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

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

Decision rationale: The purchase of an H wave unit would not be considered medically appropriate based upon on the California MTUS Guidelines. California MTUS Guidelines support a trial of an H wave stimulator when used in the appropriate setting. The purchase for home use would be predicated therefore on positive outcomes from a trial. As there is no documentation of outcomes of the trial of the H wave unit, purchase cannot be supported.

Request for MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG's Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: MRI of the cervical spine cannot be certified in this case. CA ACOEM Guideline specifically state that an imaging study is indicated where there is physiological evidence of neurologic dysfunction with definitive neurologic findings on physical examination or electrodiagnostic studies. As the neurologic examination in this case is nonfocal and not well documented and [REDACTED] has requested an EMG to look for a cervical radiculopathy problem, an MRI of the cervical spine cannot be certified in this case based upon on the ACOEM options. Absent convincing evidence of a neurologic dysfunction or a positive EMG, an MRI would not be supported by the ACOEM Guidelines.