

Case Number:	CM13-0050549		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2008
Decision Date:	03/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family Practice 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 is a 57-year-old male who reported an injury on 11/08/2004 with the mechanism of injury being the patient was exposed to carbon monoxide. The most recent clinical documentation indicated that the patient's pain was increased. The patient's pain had been relieved by greater than 50% through the medications. The treatment plan was noted to be medications. The diagnoses were noted to be unspecified migraine, myositis pain/fibromyositis/myalgia, degenerative lumbar disc, anxiety/depression, lumbar spondylosis without myelopathy, and headache, as well as head trauma, injury. The submitted request was for an additional 3 months rental of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional three month rental of an H-wave unit: 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.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, it is recommended as a 1 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 physical therapy, medications, plus transcutaneous electrical nerve stimulation. Trial periods for more than 1 month should be justified by documentation submitted for review. The clinical documentation submitted for review failed to indicate the justification for 3 more months. There was lack of documentation indicating the functional benefit received from the requested treatment and that the treatment would be used as an adjunct to ongoing therapy for functional restoration. Given the above, the request for additional 3 months rental of H-wave unit is not medically necessary.