MAXIMUS Federal Services

Case Number:	CM13-0058936		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2004
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 injured worker is a 43-year-old female who reported an injury on 01/10/2006. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, medications, a lumbar facet radiofrequency ablation, bilateral sacroiliac joint injections, home exercise program, and a failed TENS unit trial. The injured worker was evaluated on 10/04/2013. It was documented that the injured worker had continued pain complaints of low back and sacroiliac joint regions. Physical findings included limited lumbar range of motion with tenderness to palpation of the bilateral sacroiliac joints with paravertebral trigger points, radiating pain that caused a twitch response on palpation. An appeal was made for the H-wave unit trial. It was documented that the injured worker had failed to respond to a TENS unit. The injured worker would like to continue conservative daily therapies for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT(TRIAL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

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

Decision rationale: he requested H-wave unit for trial is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a trial of an H-wave unit as an adjunct therapy to an active functional restoration program after the injured worker has failed to respond to other conservative treatments to include medications, physical therapy, and a TENS unit. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to physical therapy, a TENS unit, and medications. Additionally, it is noted within the documentation that the injured worker participates in a home exercise program that would benefit from the addition of an H-wave therapy unit. However, the request as it is submitted does not specifically identify duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested H-wave unit (trial) is not medically necessary or appropriate.