

Case Number:	CM13-0059397		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2012
Decision Date:	04/10/2014	UR Denial Date:	11/23/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a 25-year-old male who reported an injury on 09/14/2012. The patient reportedly strained his lower back and left upper extremity while holding a 100-pound pipe. The patient also suffered a laceration to the left middle finger and a nail avulsion. The patient is currently diagnosed with cervical radiculitis, low back pain, rotator cuff sprain, neck sprain, lumbar sprain, and syrinx of spinal cord. The patient was seen by [REDACTED] on 11/13/2013. The patient reported persistent pain. Physical examination revealed an antalgic gait, 5/5 motor strength in bilateral lower extremities, decreased sensation over the left lateral thigh, and tenderness to palpation over the lumbar paraspinal with positive straight leg raising. Treatment recommendations included continuation of current medications and a 30-day H-Wave stimulator home trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day H-Wave 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): 117-121.

Decision rationale: The California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention, but a 1-month home based trial may be considered as a non-invasive conservative option. As per the documentation submitted, there is no evidence of a failure to respond to recent conservative treatment including medication, physical therapy, and TENS therapy. Therefore, the patient does not currently meet criteria for the requested service. There is also no indication of this patient's active participation in a program of evidence-based functional restoration to be used as an adjunct to the H-Wave stimulator device. Based on the clinical information received and the California MTUS Guidelines, the request for 30-day H-Wave trial is non-certified.