MAXIMUS Federal Services

Case Number:	CM13-0069583		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2013
Decision Date:	04/17/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine, 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 47 year old female who was injured on 02/26/2013 while unloading a shipment of boxes of shoes; she was reaching overhead when she felt pain to the mid back. The pain is located to the mid thoracic spine and around the right shoulder blade. Prior treatment history has included physical therapy. The use of a TENS unit irritated her shoulder. Diagnostic studies reviewed include x-rays dated 11/01/2013 negative for fracture or acute bony deformity. MRI of the thoracic spine dated 05/15/2013: 1) Degenerative changes of the thoracic spine. 2) 2-3 mm right paracentral protrusion at the T-78 level, which mildly, indents the right aspect of the spinal cord. 3) 2 mm right paracentral protrusion at T8-9 level which indents the thecal sac but does not contact the spinal cord. MRI of the lumbar spine dated 06/10/2013 is positive for diffuse annulus o disc bulge suggested at L3-4 and there might be slight annulus bulge at L4-5 but no disc herniations are identified at any level. Compression or foraminal narrowing. PR-2 dated 11/01/2013 documented the patient to state that when she watches her movements she has a decrease in overall pain symptoms. She has the AMF scheduled in [redacted] after the new year. Objective findings on exam included a positive Kemp's. Examination of the bilateral shoulders revealed positive Apley's scratch test. Positive lift off test. Negative impingement sign. Negative Empty Can or Speed's test. The right shoulder had swelling of the posterior aspect and was tender on palpation but no deformity noted. Examination of the cervical spine revealed right trapezius muscle tender on palpation. Examination of the thoracic spine exhibited tenderness on palpation. Tenderness on palpation of the thoracic transverse process. Tenderness on palpation of the thoracic spinous process. Tenderness on palpation of the ribs and costal cartilage. There was spasm at the paraspinal muscles. Right and left side of thoracic spine exhibited a spasm of the thoracic a spasm of the paraspinous muscles. Both sides exhibited spasms of the paraspinous muscles. Examination of the lumbar spine exhibited tenderness on palpation. There was spasm of

the paraspinal muscles. Positive slump test. Positive standing compression and Nachlas test. Lumbosacral flexion and extension was abnormal. Lateral flexion to the left and right was abnormal. Straight leg raising test was negative bilaterally. Thoracic range of motion testing: Flexion 45/45 degrees with pain, extension 0 degrees, right and left lateral flexion 45/45 with pain, right and left rotation 30 degrees. Right shoulder ROM: Flexion 170/180 degrees, abduction 140/180 degrees, adduction 50/50 degrees, extension 50/50 degrees, external rotation 90/90 and internal rotation 90/90. Diagnoses: 1. Thoracic sprain. 2. Lumbar strain. Treatment Plan: Patient set up with H-Wave today.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: This is a request for H-Wave purchase. The employee has been using H-Wave stimulation on a trial basis. However, frequency of use has not been documented, and objective outcomes in terms of pain relief and functional improvement have not been documented. It is not clear if the H-wave unit is being used as an adjunct to a functional restoration program. Therefore, H-Wave purchase is non-certified