

Case Number:	CM14-0001160		
Date Assigned:	01/22/2014	Date of Injury:	11/09/2006
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine 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 51 year old male who reported an injury from a fall on 11/09/2006. The clinical note dated 12/27/2013 noted the injured worker completed an unknown number of chiropractic sessions and was somewhat helpful and completed a functional restoration program that failed. The injured worker complained of low back pain to his head, neck, and low back rated 8.5/10 with radiation in to the lower extremities bilaterally. The physician reported the injured worker had been using a TENS unit which was not noted to be helpful. The injured worker had reportedly refused injections or surgical intervention without an explanation why. The discussion portion of the of the clinical note reported the injured worker has been responsive to pharmaceutical intervention and his prescribed medication was Topamax and it listed his failed medications as Ketamine and capsaicin creams, Gabapentin, tramadol, ibuprofen, naproxen, Norco, and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT, 30 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section.

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

Decision rationale: The request for H-wave unit, 30 day rental is non-certified. The CA MTUS guidelines do not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker reported adequate pain control with medication, however, he complained of low back pain to his head, neck, and low back rated 8.5/10 with radiation in to the lower extremities bilaterally. Additionally, the injured worker reported numerous failed medication and only used Topomax. Furthermore, the medical records do not show a treatment plan for a therapeutic exercise program as an adjunct the utilization of the H-wave. As such, the request is not medically necessary or appropriate.