

Case Number:	CM14-0009810		
Date Assigned:	02/21/2014	Date of Injury:	03/11/2013
Decision Date:	07/17/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 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 61-year-old male who has submitted a claim for cervical and lumbosacral myoligamentous sprain with disc bulges at C5-C6 and L4-L5 associated with an industrial injury date of March 11, 2013. Medical records from 2013 were reviewed. The patient complained of persistent neck and lower back pain. Physical examination showed restricted range of motion (ROM) on all planes on the cervical and lumbar spine. Treatment to date has included NSAIDs, topical analgesics, home exercise programs, chiropractic sessions, steroid injections, CPM, and physical therapy.

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 TRAIL CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE STIMULATION (HWT) Page(s): 113-116.

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

Decision rationale: According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated

with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). In this case, there were reports of TENS use at home. However, there was no documentation of failure of a 1-month TENS trial. In addition, recent progress notes reported that physical therapy and chiropractic sessions helped a lot in improving the neck and lower back symptoms. Furthermore, there were no reports of failure of oral pain medications. Therefore, the request for H-wave unit 30-day trial cervical and lumbar spine is not medically necessary.