MAXIMUS Federal Services

Case Number:	CM14-0013932		
Date Assigned:	02/26/2014	Date of Injury:	06/05/2012
Decision Date:	07/21/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 37-year-old female who has submitted a claim for chronic cervical and lumbar strain, chronic right shoulder sprain, and chronic low back pain with suspicion of right lumbar radiculopathy associated with an industrial injury date of June 5, 2012.Medical records from 2013 to 2014 were reviewed. The patient complained of right upper extremity and lower back pain. Physical examination showed no grow impairment in cognitive functioning. Patient did not exhibit any cognitive symptoms or behaviors suggestive of a neurological disorder. Decreased strength and range of motion (ROM) were noted in the lower back and right side of the neck.Treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, transcutaneous electrical nerve stimulation (TENS), physical therapy, psychotherapy, and surgery.Utilization review from January 17, 2014 denied the request for 1 month H-wave trial because there was no documentation that the patient participated in a self-directed program of evidence based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH H-WAVE TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 H-wave Stimulation (HWT) 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, the patient complained of chronic right upper and lower back pain. However, there were no clear reports of failure of oral pain medications, physical therapy, and of a 1-month TENS trial. In addition, there was no evidence that the patient was utilizing a functional restoration program that would be used in conjunction with the H-wave unit. Lastly, the request did not indicate which part of the body needs treatment. Therefore, the request for 1 month H-wave trial is not medically necessary.