

Case Number:	CM14-0110585		
Date Assigned:	08/01/2014	Date of Injury:	04/11/2013
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 Pain 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 45 year old female whose date of injury is 04/11/2013. She stated that she was sitting in the office with the door closed and suddenly experienced a weird sensation from her head to her toes, described as tingling, pain and nausea. She reported that she got up to take an Advil that was in her purse hanging on the door and when she reached up with her right hand, she felt an increase in symptoms. The next thing the injured worker remembers is that when she woke up, she was lying flat on her back looking at the ceiling. She was taken to [REDACTED] and diagnosed with raging asymptomatic urinary tract infection, dehydration and stress. EKG was normal. CT of the chest and MRI of the lumbar spine were performed. She was prescribed antibiotics and referred to urologist. Diagnoses are L5-S1 disc protrusion, left lower extremity radiculopathy, and neck sprain. Treatment to date includes physical therapy, medication management, acupuncture and activity modification. Evaluation dated 06/27/14 indicates that medications include Norco and Flexeril. She rates pain as 8-9/10. On physical examination there is tenderness, trigger points and positive Tinel's at the left cubital tunnel. There is decreased range of motion and positive straight leg raising on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for H-wave unit is not medically necessary. The request is nonspecific and does not indicate if the request is for rental or purchase of the unit. There is no indication that the injured worker has undergone an unsuccessful trial of transcutaneous electrical nerve stimulation as required by California Medical Treatment Utilization Schedule (CA MTUS) guidelines. There are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines. Therefore, medical necessity has not been established.