

Case Number:	CM14-0137985		
Date Assigned:	09/05/2014	Date of Injury:	09/09/2013
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 42-year-old male with an injury date of 09/09/2013. Based on the 07/16/2014 progress report, the patient has dull, achy, throbbing pain on the left side that causes spasm of the muscle up and down his spinal cord on that side, and rotation of his arm and shoulder on that side can exacerbate the symptoms especially when he is having bad muscle spasm. The pain can range from a 6/10 to 9/10. The 11/12/2012 MRI of the thoracic spine show multiple degenerative disease and moderate scoliosis. It also shows mild broad-based left-sided posterior disk at T6 that impinges upon the anterior lateral aspect of the spinal cord. There is a broad-based disk left-sided at T1 and T3 posterior disk without significant cord impingement. The 07/02/2014 report indicates that the patient has trigger point tenderness of the left parascapular region at the T7-T8 paraspinal muscle. The patient has positive circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The patient's diagnoses include the following, thoracic back pain, myalgia and myositis and degenerative disk disease, thoracic. The utilization review determination being challenged is dated 07/23/2014. Treatment reports provided were from 10/31/2013 - 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: Based on the 07/02/2014 progress report, the patient complains of thoracic back pain. The request is for an H-wave unit purchase. For MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic, neuropathic pain, 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." MTUS further states trial periods of more than 1 month should be justified by documentation submitted for review. In this case, the patient was authorized a 30-day trial of the H-wave unit on 04/30/2014; however, there is no indication of how the patient has done with this trial. There is no indication that the patient has decreased in her medication use or improved in ADLs. No pain scales were provided. Given the lack of documentation of benefit from the H-wave trial, therefore the request is not medically necessary.