

Case Number:	CM14-0021939		
Date Assigned:	05/09/2014	Date of Injury:	09/12/2013
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in Nevada. 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 62 year old female who sustained injuries on 09/12/13. On this date they were filming a scene when an extra passed out and fell against her, straining her neck. The injured worker reports that she did not get significant relief from using a TENS unit. Note from September 2013 indicates that the injured worker wanted narcotics and extended disability, and when the treating provider refused, she stormed out of the treatment room. Note dated 09/12/13 indicates that diagnosis is acute cervical neck strain. Note dated 10/07/13 indicates that diagnosis is cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: THIRTY (30) DAY TRIAL OF H-WAVE DEVICE FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): 98.

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

Decision rationale: Based on the clinical information provided, the request for durable medical equipment: 30 day trial of H-wave device for the cervical spine is not recommended as medically

necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided in accordance with CA MTUS guidelines.