

Case Number:	CM14-0035289		
Date Assigned:	06/23/2014	Date of Injury:	09/02/2003
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 Georgia and Wisconsin. 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 48 year old male who was injured on 09/02/2003 when he slipped and fell. A progress report dated 01/15/2013 indicates the patient complained low back pain with radiation to the posterior thighs with occasional tingling; neck pain with radiation to the left upper extremity with numbness and tingling; mid back pain; sleep difficulty due to chronic pain; and cervicogenic headaches when the neck pain is intense. On exam, there is slight paralumbar muscle spasm and tenderness, more on the right than the left. Active range of motion of the lumbar spine exhibits flexion is 60% of normal; extension is 60% of normal; right lateral flexion is 70% of normal; left lateral flexion is 60% of normal. Straight leg raise test is positive on the left at 70 degrees in sitting position, causing posterior thigh and calf pain. The cervical spine paracervical muscles showed slight spasm with moderate swelling and tenderness, more on the right. Active range of motion exhibits flexion to be 80% of normal; extension is 80% of normal; right lateral flexion is 80% of normal and left lateral flexion is 60% of normal. The Thoracic spine revealed slight tenderness and spasm, more on the left than the right. Sensation to light touch is decreased to the top of the left foot in L5 distribution. Diagnoses are cervical strain, lumbar strain, thoracic strain and cervicogenic headaches, intermittent, when the cervical spine pain is intense. It is recommended the patient begins massage therapy twice a week for three week for cervical strain and cervicogenic headaches; continue H-wave unit to manage chronic pain; and a request for Omeprazole (Prilosec) 20 mg daily due to NSAID causing GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Low Back Complaints, Transcutaneous Electrotherapy, H-wave Stimulation (HWT).

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

Decision rationale: The California MTUS guidelines do not recommend H-Wave unit as an isolated treatment. H-Wave stimulation may be considered as a non-invasive conservative option for chronic soft tissue inflammation. It can be used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care including physical therapy (i.e. exercise), medications, plus transcutaneous electrical nerve stimulation (TENS). Based on clinical information submitted for review, physician's note states that medication is providing good relief. No objective improvement with H-Wave unit is documented. Also no functional gains have been documented in order to justify need for supplies. Based on Chronic Pain Medical Treatment Guidelines as well as the lack of clinical documentation stated above, request is not medically necessary.