

Case Number:	CM14-0078409		
Date Assigned:	07/21/2014	Date of Injury:	03/16/2012
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 49-year-old female who was reportedly injured on March 16, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated May 2, 2014, indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated tenderness over the bilateral cervical paraspinal muscles, trapezius and scapula. There was a negative Spurling's test. Examination of the lumbar spine noted tenderness along the lumbar paravertebral muscles and decreased range of motion. There was a negative straight leg raise test. Lower extremity neurological testing was normal. Diagnostic imaging studies were not reviewed during this visit. A request had been made for an H wave stimulator and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Electric Muscle Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 189. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 117.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines the use of an H wave stimulator is only indicated as an adjunct to a program of functional restoration and following the failure of previous conservative care to include physical therapy, medications and the use of a transcutaneous electrical nerve stimulation unit. There is no documentation that the injured employee meets these requirements. Therefore, request for an H Wave Electric Muscle Stimulator is not medically necessary.