

Case Number:	CM14-0084904		
Date Assigned:	09/19/2014	Date of Injury:	03/06/2010
Decision Date:	11/04/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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 27 year old female with a date of injury on March 6, 2010. She lifted something heavy and sustained a shoulder and forearm injury. She subsequently had cervical spine surgery. Notes indicate ongoing use of opiate analgesics, and a recent urine drug test showed the presence of marijuana metabolites. The injured worker was under the care of a chiropractor and in a note from March 14, 2010 she had ongoing cervical spine range of motion restriction with palpable paracervical muscle tenderness. She had used an H-wave device with 20% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 117-118.

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

Decision rationale: The injured worker tried an H-wave device and notes 20% improvement. This is not to be considered a favorable outcome. One would expect at least 60 to 75% improvement to be a favorable outcome to merit continued use of this device. In addition, there

is no data indicating the injured worker is engaged in a functional restoration program, which would be indicated by guidelines from the Medical Treatment Utilization Schedule. Given this, the request is not considered medically necessary.