

Case Number:	CM14-0087110		
Date Assigned:	07/23/2014	Date of Injury:	02/23/2009
Decision Date:	09/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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, 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 43 year-old female with the date of injury of 02/23/2009. The patient presents with pain in her neck and lower back. Her neck pain radiates down her right upper extremity and her right arm with spasms and her lower back pain radiates down her right leg with numbing sensations. The patient is currently disabled. According to [REDACTED] report on 01/31/2014, diagnostic impressions are neck, lower back, shoulder, arms, elbows and hands pain and leg and foot pain (right). The utilization review determination being challenged is dated on 05/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 08/21/2013 to 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave unit: Upheld

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

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

Decision rationale: The patient presents pain and weakness in her neck, lower back and extremities. The request is for home H-wave unit purchase. MTUS guidelines do not recommend H-Wave stimulation unless it is for a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation to be used as an adjunct to a program of evidence-based functional restoration, or failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. Trial of TENS unit is first recommended before using an H-wave. In this case, none of the reports provide information about this request and no treatment history to understand whether or not a TENS unit has been adequately tried. Therefore, this request is not medically necessary.