

Case Number:	CM15-0106336		
Date Assigned:	06/16/2015	Date of Injury:	09/30/2011
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial/work injury on 9/30/11. She reported initial complaints of low back pain, down to the buttocks and left leg. The injured worker was diagnosed as having cervical facet arthropathy, lumbar facet arthropathy, myofascial tender point, paresthesias of C3-5, chronic pain syndrome. Treatment to date has included medication, functional restoration program, transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. Currently, the injured worker complains of pain is worse and dull in the neck, sharp in th upper shoulders, pins and needles around the right hip and tingling and numbness in the left leg. Pain in the leg is 2/10, back is 4/10, neck is 5/10, and right hip is 8/10. Per the primary physician's progress report (PR-2) on 5/6/15, examination revealed tenderness over the right iliac crest going to the right sacroiliac area, range of motion of the lumbar area is 45 degrees flexion and 20 degrees extension. Gait is normal. Motor exam and sensation were normal. The requested treatments include a one month H-wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of a H-wave trial, unspecified length: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in September 2001 and continues to be treated for neck pain, upper shoulder pain, right hip pain, and left lower extremity numbness and tingling. When seen, she was using a TENS unit without much benefit. There was decreased lumbar spine range of motion. There was tenderness over the right iliac crest. A one month trial of a H-wave unit use was requested. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. A one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. The requested trial was medically necessary.