

Case Number:	CM15-0212826		
Date Assigned:	11/02/2015	Date of Injury:	12/18/2006
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/29/2015

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: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57 year old female, who sustained an industrial injury on 12-18-2006. The injured worker was diagnosed as having chronic non-specific low back pain, chronic myofascial pain syndrome and mood adjustment disorder secondary to chronic pain. On medical records dated 07-17-2015 and 09-01-2015, the subjective complaints were noted as back pain. Pain was rated at 3-6 out of 10. Objective findings were noted as trigger point to palpation were noted in the splenius captitus regions, upper and lower trapezius regions and sternocleidomastoid area. A positive SI joint compression test was noted and gait was hyper-pronated during the mid-stance of the gait cycle. Treatment to date included medication, home exercise program and TENS unit. The TENS unit was noted to be ineffective for pain management. Current medications were listed as Eszopiclone, Norco and Tizanidine HCL. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for H-wave unit, purchase was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested H-wave unit, purchase, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker has back pain. Pain was rated at 3- 6 out of 10. Objective findings were noted as trigger point to palpation were noted in the splenius captitus regions, upper and lower trapezius regions and sternocleidomastoid area. A positive SI joint compression teste was noted and gait was hyper-pronated during the mid -stance of the gait cycle. Treatment to date included medication, home exercise program and TENS unit. The TENS unit was noted to be ineffective for pain management. The treating physician has not documented functional improvement from an H wave trial. The criteria noted above not having been met, H-wave unit purchase is not medically necessary.