

Case Number:	CM14-0071446		
Date Assigned:	07/16/2014	Date of Injury:	04/06/2009
Decision Date:	09/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on 4/6/2009. The mechanism of injury was not listed. The most recent progress note, dated 5/23/2014, indicated that there were ongoing complaints of chronic neck and back pain. The physical examination demonstrated cervical spine significant muscle tension extending from the cervical paraspinal muscles left sided into the left upper trapezius muscles with active spasm. Decreased range of motion with tilt to the right and left was noted. Sensation was intact to touch in the bilateral upper extremities. No recent diagnostic studies are available for review. Previous treatment included medications, transcutaneous electrical nerve stimulation (TENS) unit, massage therapy, and conservative treatment. A request had been made for H-wave unit and supplies times 30 day trial (rental or purchase) and was not certified in the pre-authorization process on 5/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit and supplies 30 day trial (rental or purchase).: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: MTUS guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review, of the available medical records, fails to document the criteria required for a one-month trial of H-Wave Stimulation. As such, this request is not considered medically necessary.