

Case Number:	CM14-0213484		
Date Assigned:	12/31/2014	Date of Injury:	09/14/2012
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Physical Medicine & Rehabn

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 64 year old male with an injury date on 09/14/2012. Based on the 11/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Right carpal tunnel syndrome. 2. Left cubital tunnel syndrome. 3. Left lower extremity lumbar radiculopathy at L5 per EMG dated 04/23/2013. 4. Chronic lumbar strain with disc herniation. 5. Cervical and thoracic sprain/strain. According to this report, the patient complains of persistent pain in the neck and low back, he rates his neck pain at 8/10 and the low back pain at 6-8/10 on a pain scale and frequent. The patient also complains of radiation of pain into the right fourth and fifth digits with numbness in the right hand and wrist. The pain is made better with rest and medication. Physical exam reveals tenderness over the paraspinal muscles with hypertonicity over the right trapezius muscles. Spurling's test, cervical compression test are positive. Decreased sensation is noted at right C8, left S1 and right ulnar aspect of the wrist. Decreased motor strength is noted at the right C8, left S1, and right wrist. Treatment to date includes chiropractic therapy with benefits, massage, TENS unit for 30 day trial and states that it was really not strong enough for him. The treatment plan is request for medications, chiropractic treatments, LESI and 30-day trial of the H-wave unit to replace the TENS unit as it did not provide him enough relief. The patients work status is not currently working and is temporarily totally disable. The utilization review denied the request for 30 Days H-Wave Unit Rental on 11/20/2014 based on the MTUS guidelines. The requesting physician provided treatment report dates 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days H-Wave Unit Rental: 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 Page(s): 117, 118.

Decision rationale: According to the 11/10/2014 report, this patient presents with persistent pain in the neck and low back that is rated as a 6-8/10 pain. The current request is for 30 Days H-Wave Unit Rental. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for 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 (TENS). Review of the provided reports, the treating physician indicates that the patient has tried noninvasive conservative care of chiropractic treatment, massage, medications, and TENS unit for 30 day trial and states that it was really not strong enough for him. In this case, the treating physician documents that the patient has cervical neuropathic pain and had failed conservative care including TENS unit. Therefore, the requested 30 Days H-Wave Unit rental is supported by the MTUS. The current request is medically necessary.