

Case Number:	CM15-0074488		
Date Assigned:	04/24/2015	Date of Injury:	02/22/2012
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old female sustained an industrial injury to the neck and right shoulder on 7/22/12. Recent treatment included Botox injections and medications. In a PR-2 dated 3/17/15, the injured worker reported that she had returned to work with subsequent increase in pain with work activity. Current diagnoses included other chronic pain and cervical disc displacement without myelopathy. The treatment plan included refilling medications (Cyclobenzaprine, Voltaren XR and Lidoderm patches) and requesting authorization for an H-wave machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: This 42 year old female has complained of neck and shoulder pain since date of injury 7/22/12. She has been treated with botox injections, physical therapy and

medications. The current request is for H wave therapy (transcutaneous electrotherapy). Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, H wave therapy is not indicated as medically necessary.