

Case Number:	CM13-0007203		
Date Assigned:	07/02/2014	Date of Injury:	03/25/2013
Decision Date:	07/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

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 Occupational Medicine and is licensed to practice in California. 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 injured worker is a male with date of injury 3/25/2013. Per primary treating physician's progress report addendum dated 7/1/2013, the injured worker complains of pain. On exam the injured worker exhibits impaired range of motion and impaired activities of daily living. Diagnosis is lumbar sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE ONE MONTH USE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) section Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The injured worker is noted to be taking medications

and has been participating in physical therapy. Although the physical therapy has utilized multiple treatment modalities, both active therapy and passive therapy, the regular use of electrical stimulation has not been used. There is no indication that physical therapy and medications have failed. There is no indication that TENS has been utilized prior to the request for home H-wave device. The injured worker is noted to be just over 3 months following the date of injury at the time of this request, and is therefore still in the acute phase of his injury. The criterion for use of H-wave stimulation has not been met. The request for home H-wave device one month use is determined to not be medically necessary.