

Case Number:	CM13-0009840		
Date Assigned:	09/18/2013	Date of Injury:	09/24/2012
Decision Date:	01/30/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 38 year-old sustained a low back injury from using a mop on 9/24/12 while employed by [REDACTED]. Lumbar spine MRI dated 12/21/12 noted L4-5 disc protrusion. Report dated 5/17/13 from [REDACTED] noted checked off subjective complaints/objective findings of pain, exhibits impaired range of motion (no specific maneuver or degrees), exhibits impaired Activities of Daily Living (no specific examples or details documented). Diagnosis was Lumbar S/S. Treatment plan was for 30-day trial of H-Wave Homecare System to improve function and reduce medication usage as the patient has already tried physical therapy with exercise, chiropractic treatments, medications, and trial of TENS. Work status was not indicated. Report from [REDACTED] dated 6/24/13 noted similar checked boxes of pain and impaired ADL (no specifics documented) and to continued 3 months with EWL H-Wave System. Patient's pain scale dropped from 6 to 4/10 for a 33% improvement with overall increased range and/or function. Report the next day completed by the employee dated 6/25/13 noted pain level to be 7/10 with 10% from use of H-Wave. Report of 9/23/13 noted same checked boxes and treatment plan for purchase of H-Wave to build upon the positive effects obtained; however, none documented on note. Physician reviewer, [REDACTED] on 7/16/13, non-certified the request for H-Wave purchase, citing guidelines criteria and lack of medical indication from contradictory clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: 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 H-Wave Unit.

Decision rationale: This 38 year-old sustained a low back injury from using a mop on 9/24/12. Report dated 5/17/13 from [REDACTED] noted checked off subjective complaints/objective findings of pain, exhibits impaired range of motion (no specific maneuver or degrees), exhibits impaired Activities of Daily Living (no specific examples or details documented). Diagnosis was Lumbar S/S. Treatment plan was for 30-day trial of H-Wave Homecare System to improve function and reduce medication usage as the patient has already tried physical therapy with exercise, chiropractic treatments, medications, and trial of TENS. Work status was not indicated. [REDACTED] dated report of 6/24/13 noted similar checked boxes of pain and impaired activities of daily living (ADL) (no specifics documented) and to continued 3 months with EWL H-Wave System. Patient's pain scale dropped from 6 to 4/10 for a 33% improvement with overall increased range and/or function. Report the next day completed by the employee dated 6/25/13 noted pain level to be 7/10 with 10% from use of H-Wave. Request for H-wave purchase after 3 months use was requested on 9/23/13 noted same checked boxes and treatment plan for purchase of H-Wave to build upon the positive effects obtained. Submitted reports are conflicting with pain levels decreasing and increasing the next day. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review; however, the patient has underwent a 3 month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. On report in September 2013 after the 3 months usage, the patient still exhibited pain and impaired ADLs per requesting report from [REDACTED]. No treatment has occurred in terms of a functional restoration approach as the patient's work status is repeatedly not mentioned. The H-Wave Unit is not medically necessary and appropriate.