

Case Number:	CM13-0012005		
Date Assigned:	12/04/2013	Date of Injury:	08/07/2010
Decision Date:	01/29/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/16/2013

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 Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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:

The patient is a 42-year-old male who reported an injury on 08/07/2010. The mechanism of injury was not provided. The patient was noted to be performing a home exercise program. It was noted the patient would continue with the H-wave. The patient's diagnoses were noted to include L4 to S1 degenerative disc disease, status post L4 to S1 anterior lumbar interbody fusion with cage and instrumentation, L4 to S1 posterior spinal instrumentation and fusion, right L5-S1 laminotomy and re-exploration on 01/23/2013, status post right hemilaminectomy at L4-5, microdiscectomy 06/20/2011, and annular tear at L5-S1. The request was made for the purchase of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of an H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS guidelines indicate that a 1-month H-wave therapy trial may be appropriate to permit the physician and the provider licensed to provide physical therapy to study the effects and benefits. Furthermore, guidelines indicate 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 1 month should be justified by documentation submitted for review. The clinical documentation submitted for review indicated that the patient found the unit beneficial. However, the clinical documentation submitted for review, while indicating the patient would continue with his H-wave unit, failed to provide documentation of functional benefit as well as objective VAS scores to demonstrate that the therapy was effective. Given the above and the lack of supporting evidence in the documentation, the purchase of the H-wave unit is not medically necessary.