MAXIMUS Federal Services

Case Number:	CM13-0016787		
Date Assigned:	06/06/2014	Date of Injury:	02/07/2002
Decision Date:	07/31/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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 52-year-old male with a reported injury on 02/07/2002. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/30/2013 reported that the injured worker complained of low back pain. The clinical note is handwritten and nearly illegible. The physical examination revealed tenderness to the lumbosacral spine and decreased range of motion. The injured worker's diagnoses included lumbar disc failed back surgery. The provider requested 3 month extension of home based H-wave device for the lumbar spine. The rationale was not provided in the clinical notes. The Request for Authorization was submitted on 08/26/2013. The injured worker's prior treatments included physical therapy and H-wave home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH EXTENSION OF HOME BASED H WAVE DEVICE RENTAL FOR LUMBAR SPINE: 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), page 117 Page(s): 117.

Decision rationale: The request for a 3 month extension of home based H-wave device rental for lumbar spine is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for the extended utilization of the H-wave unit was not provided in the clinical notes. The CA MTUS guidelines do not recommend the H-wave stimulation (HWT) as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic 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 transcutaneous electrical nerve stimulation (TENS). It is noted that the injured worker has previously utilized the H-wave unit; however, there was a lack of clinical evidence of significant objective functional improvements. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, exercise, and medication therapy. Moreover, the requesting provider did not specify the utilization frequency or the location of application of the H-wave device being requested. Furthermore, the guidelines do not recommend the use of the H-wave stimulation unit as an isolated intervention; as such, the request is not medically necessary.