

Case Number:	CM13-0017982		
Date Assigned:	10/11/2013	Date of Injury:	03/25/2011
Decision Date:	05/27/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/29/2013

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 & Rehabilitation and is licensed to practice in New York and 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 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 patient is a female whose date of injury is 03/25/11. The mechanism of injury is not described. Handwritten note dated 08/13/13 indicates that the patient tried TENS and it did not work very well. A prior review indicates that the patient was last evaluated on 07/01/13. The patient reports that low back pain is stable. He was participating in therapy. Straight leg raising was positive and reflexes were symmetrical.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE RENTAL FOR 1 MONTH HOME USE FOR THE LOW BACK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 117-118.

Decision rationale: Based on the clinical information provided, the request for H-wave device rental for 1 month home use for the low back is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review

and no specific, time-limited treatment goals were provided. CA MTUS guidelines require documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The request for H-Wave device rental For 1 month home use for the low back is not medically necessary.