

Case Number:	CM13-0021341		
Date Assigned:	12/13/2013	Date of Injury:	01/17/2011
Decision Date:	02/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 Oklahoma 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 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 36-year-old male who reported an injury on 01/17/2011 due to a slip and fall resulting in low back pain that eventually resulted in a posterior lumbar fusion at the L4-5 and L5-S1. The patient's postsurgical care included physical therapy, external bone growth stimulator, and a back brace. The patient also underwent a clinical trial of a TENS unit without any beneficial results. The patient also underwent a 30 day home trial of an H-wave device. The patient's most recent clinical examination findings included straight leg raising test causing low back pain, sensational disturbances, low back pain described as 4/10. The patient's diagnoses included lumbar strain, lumbar disc protrusion, difficulty in sleeping, depression, sexual dysfunction, gastritis, and status post L4-5 and L5-S1 anterior metallic fusion. The patient's treatment plan included medication usage and referral to a spinal surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: 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 Stimulation Page(s): 117.

Decision rationale: The requested home H-wave therapy device is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent back pain status post a lumbar fusion that has failed to respond to several conservative measures including a TENS unit. The clinical documentation also indicates that the patient already underwent a 30 day trial of a home H-wave device. However, California Medical Treatment Utilization Schedule recommends the purchase of this type of device be based on documented functional improvement and symptom response resulting from the 30 day home trial. The clinical documentation submitted for review does not provide any evidence that the patient received any functional benefit or significant symptom reduction as a result of the 30 day home trial of the H-wave unit. Therefore, continued use would not be supported. As such, the requested home H-wave device is not medically necessary or appropriate.