

Case Number:	CM13-0022265		
Date Assigned:	03/26/2014	Date of Injury:	04/01/2010
Decision Date:	04/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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, has a subspecialty in Interventional Spine 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:

This is a 50 year-old female with a 4/1/10 industrial injury claim. She has been diagnosed with lumbar sprain, discogenic and facet pain and radiculopathy; hip pain; trochanteric bursitis and chronic pain; and meralgia paresthetical. The available medical reports do not discuss an H-wave unit. The 8/28/13 UR denial letter states there was an 8/14/13 addendum report from [REDACTED] that requested the H-wave. This report was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Unit..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation, Page(s): 114-121.

Decision rationale: The patient presents with lower back pain. The medical reports provided do not mention need for an H-wave unit. MTUS states an H-wave unit is not recommended as an isolated intervention, but a trial might be a consideration as an adjunct to a program of functional restoration, and after failing conservative care and failure of TENS. There is no mention of a

functional restoration program, no failed conservative care and no trial of TENS. The request for an H-wave unit is not in accordance with MTUS guidelines.