

Case Number:	CM13-0028093		
Date Assigned:	03/14/2014	Date of Injury:	01/31/2010
Decision Date:	04/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for cervical degenerative disk disease associated with an industrial injury date of January 31, 2010. Utilization review from September 10, 2013 denied the request for an H-wave unit due to insufficient documentation or rationale for the H-wave unit. Treatment to date has included epidural steroid injection, opioid and non-opioid pain medications, and physical therapy. Medical records from 2013 through 2014 were reviewed showing the patient complaining of right shoulder pain with associated numbness and tingling in the right upper extremity. The patient also complains of low back pain with radiation to the right lower extremity. The pain is aggravated by activities. Activities of daily living are limited due to pain. Electrodiagnostics done on September 2013 demonstrated normal nerve conduction testing of the lower extremities and normal EMG of the lower extremities. Physical exam demonstrated decreased range of motion with pain for the right shoulder. Motor strength for the right shoulder was decreased to 4/5. Motor and sensory exam for the lower extremities was normal. The patient lists with his right leg during ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE FOR (30) DAYS RENTAL FOR THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on pages 117-118 of the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. There should be a failure of conventional therapy, including physical therapy, medications, and TENS unit prior to consideration of a trial. In this case, the patient has chronic back pain which has not been significantly relieved with injections, medications, and physical therapy. However, there is no documentation concerning a prior trial of a TENS unit. Therefore, a request for HOME H-WAVE DEVICE FOR (30) DAYS RENTAL FOR THE LUMBAR SPINE is not medically necessary.