

Case Number:	CM13-0037228		
Date Assigned:	12/13/2013	Date of Injury:	04/08/2013
Decision Date:	07/29/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 42 year old female who had a work related injury on 04/08/13 and sustained an injury to her low back while assisting a doctor with a 500 pound patient. Magnetic resonance image (MRI) of cervical spine dated 05/09/13 revealed disc desiccation at L5-S1 with 2-3mm annular bulge with mild biforaminal narrowing. Central canal appeared normal. Posterior longitudinal ligament was slightly elevated, and facet joints were normal. The injured worker was treated with extensive physical therapy, non steroidal anti-inflammatory drugs, oral analgesics and chiropractic treatment. Most recent progress note dated 12/19/13 shows the patient reported lumbar pain 5/10 without any leg pain currently with use of a lumbar corset from time to time. Physical examination revealed tenderness diffusely across the lower lumbosacral spine. She could flex and touch her toes but it caused significant discomfort. Extension to 30 degrees caused pain. Normal strength and sensation distally and neurologically intact was noted. The injured worker used a home H-Wave, and it was noted that she reported a decreasing need for oral medications with the use of the H-Wave device and ability to perform activities and greater overall function due to the use of the H-Wave device. The injured worker failed a trial of transcutaneous electrical nerve stimulation (TENS) unit which did not provide any relief. The request was for a H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT: Overturned

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): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chronic, H-wave stimulation (HWT).

Decision rationale: The request for H-Wave unit is medically necessary. The clinical documentation submitted for review, as well as evidence based guidelines support the request. The injured worker used a home H-Wave, and it was noted that she reported a decreasing need for oral medications and ability to perform activities and greater overall function due to the use of the H-Wave device. The injured worker failed a trial of TENS unit, as well as extensive physical therapy, and medication. Therefore medical necessity has been established.