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| Case Number: | CM13-0045326 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/08/2010 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Orthopedic Surgery 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 50-year-old gentleman was injured in a work-related accident on November 8, 2010. He was diagnosed with spinal stenosis of the lumbar spine and a vertebral fracture following a fall from a ladder at date of injury mentioned. At present, he is with current complaints of continued low back complaints and bilateral lower extremity pain. The examination from September 24, 2013 indicated diminished range of motion of the lumbar spine, paravertebral tenderness, and diminished sensation to palpation. The diagnosis at that time was of prior lumbar fracture with spinal stenosis. The recommendation at that time was for a chronic pain functional restoration program and continued use of medication management. There is also a current request for use of an H-wave stimulator device for purchase. It is indicated that the claimant had utilized the device throughout 2013 with indication that no significant long-term benefit had been achieved. The claimant did not diminish the use of medication management, and at the last clinical assessment, the role of a morphine pump trial was being recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE SYSTEM PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, an H-wave device for purchase in this case would not be indicated. The records indicate that the claimant saw no significant long term or substantial benefit with usage of the device that has diminished usage or dependence upon medications. The purchase of the device for use in this claimant who is undergoing consideration for a morphine pump trial would not be indicated at present.