MAXIMUS Federal Services

Case Number:	CM13-0049972		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2007
Decision Date:	03/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 & Rehabilitation and is licensed to practice in 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 57-year-old male who reported an injury on 05/12/2007 due to a fall down the stairs that caused injury to his low back. Previous treatments included an interferential unit, ice machine, physical therapy, and medications. The patient's most recent clinical examination findings revealed that the patient underwent epidural steroid injections in 07/2013 and 09/2013 that provided pain relief. The patient's diagnoses included lumbar musculoligamentous injury, lumbar intervertebral disc syndrome, right lumbar radiculopathy, and chronic post-traumatic pain syndrome. The patient's treatment plan included participation in a home exercise program, continuation of medications, and the use of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-wave purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on H-wave stimulation Page(s): 117.

Decision rationale: The MTUS Chronic Pain Guidelines recommend an H-wave unit as an adjunct treatment to active therapy after the patient has failed to respond to all lesser forms of

treatment. The purchase of this type of durable medical equipment should be based on a 30 day clinical trial that produces objective functional benefits and reduction in medications. The clinical documentation submitted for review does not provide any evidence that the patient has participated in a trial of H-wave therapy to support the need to purchase this equipment. As such, the requested DME H-wave for purchase is not medically necessary or appropriate.