

Case Number:	CM13-0058862		
Date Assigned:	02/14/2014	Date of Injury:	07/26/2011
Decision Date:	05/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 injured worker is a 33-year-old male who sustained an injury on 07/26/2011 while trying to lift a heavy metal display table. The injured worker underwent an epidural steroid injection at the L5-S1 level on 10/18/2013. There was no evaluation following that procedure. The evaluation submitted for review dated 09/26/2013 indicated the injured worker had a history of muscle spasms, lumbar radiculopathy, and myalgia. The diagnoses were noted as muscle spasms, lumbar radiculopathy, facet dysfunction, lumbar spondylosis and myalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE ONE MONTH HOME USE EVALUATION: Upheld

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

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

Decision rationale: The request for home H-wave device 1 month home use evaluation is non-certified. The documentation submitted for review indicated the injured worker underwent an epidural steroid injection on 10/18/2013. There was no evaluation following that procedure. The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention.

The documentation submitted for review did not indicate the injured worker was using the H-wave device as an adjunct to another treatment. The guidelines indicate that H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. The documentation submitted for review did not indicate the injured worker had diabetic neuropathic pain nor a chronic soft tissue inflammation condition. The guidelines indicate H-wave should be an adjunct to a program of evidence-based functional restoration. The documentation submitted for review did not indicate the injured worker was participating in a functional restoration program. Given the information submitted for review, the request for home H-wave device 1 month home use evaluation is non-certified.