

Case Number:	CM13-0061956		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2013
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 a 37-year-old male who reported an injury on 05/01/2013. The mechanism of injury was noted to be lifting. The patient is diagnosed with lumbar strain and right inguinal hernia. His symptoms are noted to include low back pain. Physical exam findings include decreased range of motion. He was noted to have been participating in physical therapy, as well as a home exercise program. His most recent note provided, dated 11/06/2013, as well as a letter from the physician dated 12/06/2013, indicated the patient received relief from his low back pain with use of an H-wave device at his physical therapy sessions. Therefore, a request was made for a home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: 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 Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave may be considered as an option if used as an adjunct to a program of evidence-based functional restoration and following the failure of initially recommended conservative treatment including physical therapy, medications, and use of a TENS unit. The clinical information submitted for review indicates the patient has been participating in physical therapy, as well as a home exercise program. However, the documentation does not show the patient has failed a trial of a TENS unit. Additionally, the request for H-wave does not specify that it would be used for a 1 month home-based trial. Therefore, in the absence of documentation of a TENS unit trial and evidence the patient has had a 30-day home-based trial of H-wave with improvement, the request is not supported.