

Case Number:	CM13-0065207		
Date Assigned:	04/02/2014	Date of Injury:	09/13/2011
Decision Date:	04/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 41 year-old male with a 9/13/2011 industrial injury claim. He has been diagnosed as status post transforaminal lumbar interbody fusion L4 to S1 on 10/25/12; History of lumbar discectomy performed in 2000 with [REDACTED]. According to the 10/2/13 report from [REDACTED], the patient is in for routine follow-up. He was doing well until about 3-weeks ago, he started having shooting pain down the left leg. He received the H-wave yesterday (10/1/13) and thinks it has been helping. He takes Norco 10/325mg 2-3 times/day. On 10/1/13, [REDACTED] attempts to lower the Norco to 1-2x/day. There is a 10/23/13 H-wave vendor addendum report signed off by [REDACTED] that requests a 3-month rental of H-wave

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR 3 ADDITIONAL MONTHS RENTAL OF HOME H-WAVE DEVICE:
Upheld

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 (HWT) Page(s): 114-121.

Decision rationale: The H-wave report from the vendor dated 11/20/13, notes the treatment decreased his pain 40% and reports that he is able to walk farther, can do more housework, sit and stand longer and has more family interaction and states he had decreased medication. The 10/1/13 medical report does show medication being reduced from 2-3/Norco per day to 1-2/Norco per day, but the 1/9/14 report shows the patient is still on 2-3 Norco per day. The patient may have subjective improvement in pain and function, but physical exam did not show any improvement of function and there is no reduction in the dependency on medical treatment. This is not consistent with the MTUS definition of functional improvement. MTUS states an H-wave rental beyond 30-days should be based on functional improvement. The continued rental of the H-wave unit without documented functional improvement is not in accordance with MTUS guidelines