

Case Number:	CM13-0067823		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2013
Decision Date:	04/23/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Rehabilitation has a subspecialty in Sports 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 38-year-old male who reported an injury on 02/15/2013. The mechanism of injury involved a fall. The patient is diagnosed with transverse fracture of the lumbar spine. The patient was recently seen by [REDACTED] on 10/22/2013. The patient reported persistent pain with numbness. Physical examination revealed diminished range of motion, tenderness to palpation, and spasm. Treatment recommendations included continuation of physical therapy, heat therapy, massage therapy, and TENS therapy. A request for authorization was then submitted on 10/24/2013 by [REDACTED] for an H-wave device for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines, H-Wave Stimulation (HWT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on H-Wave Stimulation (HWT) Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-Wave Stimulation is not recommended as an isolated intervention, but a one month home-based trial may be considered as a non-

invasive conservative option. As per the documentation submitted, there is no indication of failure to respond to physical therapy, medications, and TENS therapy. The current request for a 3-month rental of an H-wave home care system exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.