

Case Number:	CM13-0070153		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2011
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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:

The patient is a 65-year-old female who reported an injury on 10/21/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed as status post posterior lumbar interbody fusion at L5-S1. The most recent Physician's Progress Report was submitted by [REDACTED] on 11/25/2013. The patient reported no change in symptoms. Physical examination revealed a normal gait, intact motor and sensory function, and decreased lumbar range of motion. It is noted that the patient reached maximum medical improvement on 10/16/2013. Treatment recommendations included continuation of an independent exercise program and anti-inflammatory analgesic medication. A previous request for the purchase of an H-wave home care system was submitted by [REDACTED] on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase/Indefinite Use, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1-month home-based trial may be considered as a non-invasive conservative option. As per the documentation submitted, an initial request for authorization of a 30-day evaluation trial of the H-wave home care system was submitted on 07/15/2013 by [REDACTED]. It is unknown whether the patient completed the 30-day trial at that time. While it is noted that the patient has completed physical therapy and medications, there is no documentation of a failure to respond to TENS therapy. It is only documented that TENS therapy was not indicated for the patient's complaints or goals at that time. The patient's most recent physical examination only revealed decreased lumbar range of motion. There is no evidence of a treatment plan with the specific short-term and long-term goals of treatment with the H-wave device. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.