

Case Number:	CM13-0070155		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2012
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
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 Physical Medicine and 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:

The patient is a 62 year-old female with a date of injury of 01/05/2012. The listed diagnoses per [REDACTED] are: 1) Intervetebral disc syndrome, lumbar 2) Radicular symptoms, lumbar 3) Rule out bilateral carpal tunnel syndrome 4) Musculoligamentous injury, cervical 5) Coccyx fracture 6) Status post trigger finder surgery, right 3rd and 4th digits. According to report dated 10/30/2013 by [REDACTED], the patient presents with continued low back pain. She continues to have pain that has subsided approximately 50% since having the lumbar epidural steroid injection approximately two weeks ago. Physical examination revealed tenderness and spasm to palpation in the lumbar paraspinal musculature. She has a negative straight-leg raise bilaterally. She is neurovascularly intact and her sensation is grossly intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase for Home Use: 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.

Decision rationale: This patient presents with continued low back pain. The treater is requesting an H-wave unit for purchase for home use. Per MTUS guidelines H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS further states, "trial periods of more than 1 month should be justified by documentations submitted for review." Medical records show treater requested a 30 trial of H-wave on 04/17/2013. Report dated 07/43/2013 and 08/21/2013 states that patient is to continue H-wave use. In this case, the treater does not provide any discussions justifying continued use of an H-wave unit. The outcome, in terms of frequency of use, pain reduction, functional improvement or medication reduction are not documented. The request is not certified.