

Case Number:	CM14-0008708		
Date Assigned:	02/12/2014	Date of Injury:	07/02/2010
Decision Date:	07/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine 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 39-year-old male patient with a 7/2/10 date of injury. The 12/19/13 progress report indicates persistent lumbar pain complaints, depression, and insomnia. Physical exam demonstrates slow and guarded gait, limited lumbar range of motion. There is documentation that an H-wave trial was authorized on 9/18/13. A repeat 30 day trial was authorized subsequently on 10/31/13 to allow additional time to document objective functional improvement with the H-wave unit, in conjunction with an active home exercise program. Treatment to date has included L4-S1 posterior spinal fusion, medication, and physical therapy. There is documentation of a previous 1/2/14 adverse determination for lack of positive outcome assessment following a 60 day H-wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: THREE ADDITIONAL MONTHS OF THE H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no evidence that a TENS trial was attempted. There is documentation, however, of two previous certifications for H-wave trials totalling 60 days, twice the recommended trial duration. In addition, even though a lengthy trial was undertaken, no outcome measures were provided. The subsequent 12/19/13 medical report did not mention the H-wave trial at all. Therefore, the request for DME: three additional months of the H-wave device is not medically necessary.