

Case Number:	CM14-0014532		
Date Assigned:	02/28/2014	Date of Injury:	03/16/2013
Decision Date:	08/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 30-year-old male patient with a 3/16/13 date of injury. A 12/26/13 progress report addendum indicates persistent pain, impaired range of motion and impaired activities of daily living secondary to lumbar sprain and strain. A 11/26/14 progress report indicates persistent low back pain radiating to her right lower extremity. Physical exam demonstrates positive straight leg raise test on the right, lumbar tenderness, limited lumbar range of motion, decreased sensation in the right L5-S1 dermatomes. The treatment to date has included lumbar epidural steroid injection (LESI), resulting in 55 percent pain relief, medication, activity modification. There is documentation of a previous 1/16/14 adverse determination because H-wave therapy is not indicated in the treatment of sprains and strains.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month trial: Home H-Wave device ([REDACTED]) between 12/26/2013 and 4/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The 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). In this case, there is no evidence that a transcutaneous electrical nerve stimulation (TENS) trial has failed. H-wave may be employed when complaints are secondary to chronic inflammation; however, the patient is diagnosed with lumbar sprain/strain. There is also no evidence of an additional method of functional restoration to be rendered concurrently. Therefore, the request for a one (1) month trial: Home H-Wave device is not medically necessary.