

Case Number:	CM14-0016098		
Date Assigned:	06/04/2014	Date of Injury:	07/24/2013
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 injured employee is a 58-year-old gentleman who sustained a work-related injury on July 24, 2013. The injured employee was most recently seen on December 12, 2013 on a followup appointment. There were complaints of minimal low back pain at that time, and it was stated that he felt as good as he did prior to his work-related injury. Previous injections were stated to have helped, and the injured employee stated that he does not want any medication or any physical therapy. It was also noted that an H wave unit is helping considerably. The physical examination on this date noted mild tenderness to the lower left and right lumbar paravertebral muscles. There was slightly decreased lumbar range of motion. Lower extremity strength and reflexes were within normal limits. Lower extremity sensation was also intact. There was a diagnosis of a lumbar sprain with degenerative changes. There was a recommendation for permanent use of an H wave unit. A utilization review, dated January 3, 2014, did not authorize the use of an H wave unit for home use, as it was stated that the medical records did not show an ongoing program of functional rehabilitation or treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT PURCHASE: 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
CHRONIC PAIN Page(s): 117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that you H wave unit can be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care. Medical records, dated December 12, 2013, specifically state that the injured employee is doing quite well and is not interested in any pain medications or physical therapy. It is also stated that he is doing as well as he was prior to the stated date of injury. The request for an H-Wave unit purchase is not medically necessary or appropriate.