

Case Number:	CM14-0016932		
Date Assigned:	04/11/2014	Date of Injury:	02/13/2013
Decision Date:	07/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 32 year old male who was injured on 02/12/2013. He sustained a specific injury while employed as a [REDACTED]. The patient was involved in the takedown of an inmate. He states that the inmate was combative and the claimant grabbed him from behind and picked him up and wrestled him to the floor. In doing so, he noted the onset of low back pain. His diagnosis is lumbar sprain/strain. Prior treatment history has included physical therapy, medications, and a trial of a TENS unit. A PR2 dated 01/16/2014 states the patient reports he has ongoing lumbar pain with occasional right leg pain. He reports he made significant improvement with the last session of physical therapy. He needs to work on core strengthening program as his job is physically demanding. Lumbar range of motion exhibits flexion to 50 degrees; extension to 10 degrees; side to side 20, 20, positive. The treating provider has requested purchase of a home H-Wave unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN GUIDELINES, ,.

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

Decision rationale: As per CA MTUS Guidelines, H-wave unit is "not recommended as an isolated intervention, but a one-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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." In this case, this patient has chronic lower back pain with impaired ROM and impaired ADLs. Treatment history has included physical therapy, medications, and trial and failure of TENS unit. The request is for purchase of home H-wave unit for the lumbar spine and there is documentation of ongoing physical therapy program; however, guidelines indicate that one-month HWT trial may be appropriate and should be documented as an adjunct to ongoing treatment modalities. There is no documentation of a one-month trial of H-wave unit. The medical necessity for the requested item has not been established. The requested item is not medically necessary.