

Case Number:	CM14-0110781		
Date Assigned:	08/01/2014	Date of Injury:	09/23/2012
Decision Date:	10/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 injured worker is a 35 year old male whose date of injury is 09/23/2012. The mechanism of injury is not described. Diagnoses are low back pain, lumbar disc displacement, lumbar radiculopathy, post laminectomy syndrome and anxiety. The injured worker underwent left L5-S1 laminotomy and discectomy on 08/08/13. Treatment to date also includes physical therapy, ice, heat, medication management and H-wave unit. Letter from the injured worker dated 07/07/14 indicates that he utilizes the H-wave unit every day and it helps with sleeping, standing and sitting for 1-2 hours after use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-Wave unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

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

Decision rationale: Based on the clinical information provided, the request for H-wave unit with supplies is not recommended as medically necessary. The submitted records do not contain a current, detailed physical examination. There are no objective measures of improvement

provided to establish efficacy of treatment. There is no indication that the H-wave unit is being utilized as an adjunct to a program of evidence-based functional restoration as required by California MTUS guidelines. Given these factors, medical necessity of the requested H-wave unit with supplies is not established.