

Case Number:	CM14-0111368		
Date Assigned:	08/01/2014	Date of Injury:	03/19/2012
Decision Date:	10/10/2014	UR Denial Date:	06/26/2014
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 Orthopedic Surgery 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 records presented for review indicate that this 27-year-old gentleman was reportedly injured on March 19, 2012. The mechanism of injury is noted as pushing a wheelchair up a ramp and twisting the lower back. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of low back pain. There was stated to be improvement of the injured employee's pain with medications and the use of an H wave unit. The physical examination demonstrated an antalgic gait and decreased sensation at the right L4 and L5 dermatome. There was tenderness over the lumbar spine paraspinal muscles with diffuse spasms. There was also a positive right-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes epidural steroid injections, and H wave unit trial, stretching, modified duty, and oral medications. A request had been made for the purchase of an H wave device for the lumbar spine for home use and was non-certified in the pre-authorization process on June 26, 2014.

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 Device for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 117-118 of 127..

Decision rationale: While the injured employee is stated to have had a prior H wave unit trial. There is no documentation in the attached medical record of the efficacy of this unit during that time. As such, this request for the purchase of an H wave device for the lumbar spine for home use is not medically necessary.