MAXIMUS Federal Services

Case Number:	CM14-0156717		
Date Assigned:	09/29/2014	Date of Injury:	01/14/2013
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 31-year-old male with a 1/14/13 date of injury. A specific mechanism of injury was not described. According to an 8/21/14 progress report, the patient complained of fairly constant low back pain with an average intensity of 8-9/10. The pain radiated down the right leg down to the foot. It is noted that the patient has failed conservative treatment post surgery. Objective findings: range of motion of spine significantly limited and painful, no evidence of deformity, muscle spasm, or trigger points, SI joints are unremarkable, he does not tolerate much leg movements. Diagnostic impression: failed back syndrome, chronic low back pain, lumbar radiculopathy. Treatment to date: medication management, activity modification, surgery, physical therapy, TENS unit, home exercise program.A UR decision dated 9/5/14 denied the request for H-Wave. In this case, there is no indication that the claimant has failed to respond with the current treatment regimen to warrant the request. Moreover, there is no discussion regarding prior use of an H-wave unit as an adjunct to a program of evidence-based functional restoration program such as physical therapy/chiropractic treatment with sustained objective and functional gains as well as a decrease in medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave: 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 9792.24.2 Page(s): 117-118.

Decision rationale: 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). However, in this case, there is no documentation that H-wave therapy will be used as an adjunct to a method of functional restoration. In addition, there is no documentation of a treatment plan including the specific short and long term goals of treatment with an H-wave unit. Therefore, the request for H-Wave was not medically necessary.