MAXIMUS Federal Services

Case Number:	CM14-0183233		
Date Assigned:	11/10/2014	Date of Injury:	03/11/2013
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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:

This injured worker's date of injury is 03/11/2013. Documentation about the initial injury was not provided. This patient receives treatment for chronic low back pain with these medical diagnoses: lumbosacral musculoligamentous strain and left sided facet syndrome. The medical records include hand-written PR2 notes. Legibility is fair. The patient states there is persisting low back pain with numbness and tingling down the left leg to the left foot. Description of the physical exam is difficult to read, but it does say no gross weakness. A lumbar MRI on 05/30/2014 shows facet arthropathy and 4mm disc protrusions from L4-L5. Medications used include: Prilosec and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device- purchase/indefinite use: 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 Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 114-117.

Decision rationale: This patient receives treatment for chronic low back pain with radiation to the left lower extremity. H-wave stimulation may benefit some patients with diabetic peripheral

neuropathy or soft-tissue injury, when there is evidence that other treatment modalities have been tried and failed. There is no documentation about the degree to which the H-wave treatment restored function, this is lacking in the documentation. Therefore, the request for H-wave device-purchase/indefinite use is not medically indicated.