

Case Number:	CM14-0020063		
Date Assigned:	04/25/2014	Date of Injury:	10/23/2003
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Mississippi. 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 46-year-old female whose injury is reported on October 23, 2003. The diagnosis was arthrodesis status. The physical examination associated with the March, 25, 2014 progress note reported back pain, guarding with motion, and lumbar muscle spasm. Straight leg raise is negative. A home exercise protocol is ongoing. Trigger point injections were completed. The diagnosis list indicated a lumbar fusion procedure had been completed and that the surgical hardware had been removed. There is a notation of the pseudoarthrosis and disc herniation. A previous assessment completed February, 2014 noted ongoing complaints of pain, guarding with motion, muscle spasm and the medication regimen is unchanged. A home exercise protocol is outlined. A urine drug screen was obtained on February 11, 2014. Previous to that, the evaluation was unchanged. The overall clinical situation appears to be relatively stable between February and June, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) MONTH RENTAL OF THE H-WAVE FORHOME USE TO THE LUMBAR:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

Decision rationale: The H-Wave device is not recommended as an isolated intervention. A one-month trial may be used, however, there is insufficient data noting any significant efficacy or utility with the ongoing use of such a device. With the lack of documentation the standards outlined in Chronic Pain Medical Treatment Guidelines are not met. As such, this request is not medically necessary.