MAXIMUS Federal Services

Case Number:	CM14-0021434		
Date Assigned:	05/07/2014	Date of Injury:	02/15/2013
Decision Date:	07/11/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/17/2014

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 Occupational 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 patient is a 38-year-old male who has submitted a claim for vertebral fracture, and left plantar transverse fracture associated with an industrial injury date of February 15, 2013.The medical records from 2013 were reviewed. The submitted documents lack subjective and objective data. The patient complains of pain and impaired activities of daily living. According to a previous utilization review dated February 17, 2014, there was a reported transverse fracture of the lumbar spine. Physical examination showed tenderness in the lumbar spine, with only 5-10 degrees of motion loss. Imaging studies were not made available. The treatment to date has included an H-wave unit. A utilization review, dated February 17, 2014, denied the request for continued rental of H-wave device and purchase of supplies for three months for the low back because there was no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DME REVIEW: CONTINUED RENTAL OF AN H-WAVE DEVICE AND PURCHASE OF SUPPLIES FOR 3 MONTHS FOR THE LOW BACK: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 117-118, H-wave therapy is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient has been using H-wave unit since September 2013. However, there was no documentation regarding objective functional improvement from the treatment. There was also no evidence of failure from conservative care and no evidence of failure from TENS. There is no documentation of a short-term and long-term treatment plan from the physician. The medical necessity has not been established due to insufficient information. Therefore, the request for Retrospective DME review: continued rental of an H-WAVE device and purchase of supplies for 3 months for the Low Back is not medically necessary.