

Case Number:	CM14-0021536		
Date Assigned:	05/05/2014	Date of Injury:	04/11/2013
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 North Carolina. 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 claimant is a 42-year-old man with date of injury 4/11/2013. The carrier has accepted claim for the lower back and right leg. He has been treated with chiropractic therapy, physical therapy, anti-inflammatory medication and narcotic pain medication. An MRI of the lumbar spine showed moderate spondylosis and minimal disc protrusion. Surgery has not been recommended. The request is for a one (1) month trial of H wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (ONE MONTH HOME USE EVALUATION) QTY: 1.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

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

Decision rationale: The Chronic Pain Guidelines do not consider H wave therapy as a first-line treatment modality. A one (1) month trial of therapy with a rental unit may be used as a non-invasive conservative option for chronic pain of at least a three (3) month duration in which other modalities, including physical therapy, medication and a TENS unit, have failed. A clear plan of

long and short term treatment goals is required for such a trial. In this case, the documentation does not contain indication of a trial of or failure of TENS unit. A trial of H wave unit is not medically necessary.