

Case Number:	CM14-0024280		
Date Assigned:	06/11/2014	Date of Injury:	03/05/2013
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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:

Patient is a 50 year-old female with date of injury 03/05/2013. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/28/2014, lists subjective complaints as continued pain in the left shoulder and low back pain which extends down the left leg. No physical examination was performed during the visit. Diagnosis: 1. Chronic low back pain with bilateral lumbar radicular pain 2. Lumbar disc degenerative/spondylosis, multilevel with annular tear L5-S1 and facet arthropathy L4-L5 3. Left shoulder pain/strain with rotator cuff tendonitis. Patient has been participating in chiropractic care and stated that she has found it to be helpful. She has an additional 3 session to complete and wishes to continue. A primary treating physician's progress report, dated 11/12/2013, noted that the patient has previously used an H-wave device for treatment for a trial period of 36 days, and reported results of an 80% decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: HOME H-WAVE DEVICE X 3 MONTHS RENTAL: 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 H-Wave Stimulation.

Decision rationale: The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. The request is not medically necessary.