

Case Number:	CM14-0026390		
Date Assigned:	06/13/2014	Date of Injury:	03/26/2013
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 59 year old male who reported an injury on 03/26/2013 of unknown origin. The injured worker had complaints of moderate back pain and occasionally had radiating pain into left leg. Physical examination on 01/16/2014 revealed lumbar spine decreased range of motion, tenderness and pain. On 01/20/2014 report from physical therapy stated lumbar spine flexion to 75% extension was to 0 degrees and side bend left and right were 80%. The injured worker had positive straight leg raise. The current diagnosis is lumbosacral disc degeneration. The injured worker has had physical therapy in the past. Medication was meloxicam 7.5mg one tablet daily. Treatment plan were restrictions of no bending, kneeling, squatting or twisting in addition to adding RFM home H-Wave device for the lumbar spine. The rationale was that the injured worker reported a decrease in the need for oral medication and reported ability to perform more activity and greater overall function. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ RFM PURCHASE OF HOME H-WAVE DEVICE L/S: 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 Page(s): 117, 118.

Decision rationale: The request for RFM purchase of home H-Wave device for lumbar spine is not medically necessary. The injured worker has had physical therapy and is on an NSAID. However, the California Medical Treatment Utilization Schedule states H-Wave is not recommended as an isolated intervention, but a one month home based trial for diabetic neuropathy or soft tissue inflammation only following failure of physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The request does not state the length of time for use or how often. There is also a lack of documentation regarding the efficacy during a trial period. The injured worker used the unit for 70 days and reportedly decreased medications. However, the report does not provide details regarding the decreased medication usage or specifics regarding the increased ADLs. Therefore, the request is considered not medically necessary.