

Case Number:	CM14-0029337		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2010
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 37-year-old male whose date of injury is 10/04/10. Progress report dated 08/22/13 indicates that chief complaint is depression, low back pain and bilateral sciatica. Progress report dated 10/17/13 indicates that the injured worker presents for H-wave trial to relieve his back pain. After a 30 minute H-wave trial the injured worker reported that his pain level decreased from 6-7/10 to 3-4/10. H-wave outcome report dated 11/05/13 indicates that he can walk farther and sleep better. He reports 30% pain relief. Agreed medical evaluation dated 02/10/14 indicates that he has a transcutaneous electrical nerve stimulation unit. He did undergo a lumbar epidural steroid injection, which did not help. Diagnoses are lumbar radiculopathy and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): tables (10-3 & 10-6), Chronic Pain Treatment Guidelines /H-Wave Stimulation (HWT), and Criteria for use of TENS (Transcutaneous Electric Nerve Stimulation).

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

Decision rationale: Based on the clinical information provided, the request for H wave is not recommended as medically necessary. The submitted records fail to provide a current, detailed physical examination or specific, time-limited treatment goals. There is no documentation that the unit will be used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for H- Wave is not medically necessary and appropriate.