MAXIMUS Federal Services

Case Number:	CM14-0037632		
Date Assigned:	06/25/2014	Date of Injury:	01/04/2012
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Nevada. 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 26-year-old female who was reportedly injured on January 4, 2012. The mechanism of injury was noted as pain in the low back while removing Christmas decorations. The most recent progress note, dated March 24, 2014, indicates that there were ongoing complaints of low back pain with numbness and tingling in the right lower extremity. The physical examination demonstrated diffuse tenderness over the lumbar paravertebral muscles and a normal lower extremity neurological examination. Diagnostic imaging studies objectified a disc bulge at L1-L2, L2-L3, L3-L4 and L5-S1 which were stated to be indenting the anterior aspect of the thecal sac. Previous treatment included physical therapy, chiropractic care, and an epidural steroid injection. A request had been made for home use of an H wave unit and was not certified in the pre-authorization process on March 18, 2014. 5467.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave purchase/indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 117.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an H wave unit 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. Additionally, the use of an H wave unit is only indicated following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). As this request is for indefinite usage for an H wave unit, and there is no documentation of the injured employee has failed prior conservative treatments, the request for the use of an H wave unit is not medically necessary and appropriate.