

Case Number:	CM14-0038587		
Date Assigned:	06/27/2014	Date of Injury:	02/20/2012
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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:

This is a 42-year-old male patient with a 2/20/12 date of injury. A progress report dated on 6/7/14 indicated the patient was status post lumbar facet injection performed on 5/13/14. He complained of chronic back pain. The patient reported that he had 70% pain relief one week after injection, but then pain return back. At that time he had 50% pain relief. He stated that mid back pain along with right lower extremity pain bothered him the most. Objective findings revealed slight tenderness to palpation along thoracic spine and paraspinal musculature. There was a pain with facet loading of lumbar spine bilaterally. He was diagnosed with Lumbosacral spondylosis and Sciatica. Treatment to date includes medication management, lumbar facet injection, and H-wave unit. There is documentation of a previous 3/13/14 adverse determination, based on the fact that the H-wave unit did not have sufficient effect in this case. Treatment to date: medication management, lumbar facet injection, H-wave unit. There is documentation of a previous 3/13/14 adverse determination, based on the fact that the H-wave unit did not have sufficient effect in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

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

Decision rationale: California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient presented with chronic back pain and right lower extremity pain. It was noted that the patient has used an H-wave unit with positive results. However, there was no documentation supporting failure of conservative treatment. In addition, there was no evidence of failure of prior TENS unit use. Therefore, the request for a Home H-Wave device is not medically necessary.