

Case Number:	CM14-0038611		
Date Assigned:	06/27/2014	Date of Injury:	12/19/2010
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
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 Physical Medicine and Rehabilitation 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:

The patient is a 51-year-old female with a 12/19/10 date of injury from lifting a linen back. Diagnosis includes low back pain and lumbar disc bulges. 1/7/14 MRI of the lumbar spine revealed multilevel degenerative disc disease without nerve compression. 3/10/14 Progress note described low back and radicular pain. Current medications include Relafen, Omeprazole, Ultram, Colace, and Soma. H-wave unit trial was requested. Treatment to date has included PT, medications, chiropractic care, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H Wave unit trial. x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Medical necessity for the requested H-wave unit is not established. CA 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). However, there is no discussion regarding failed conservative treatments, including a TENS unit. First line treatment options must first be exhausted, before H-wave unit is found medically necessary. Therefore the request is not medically necessary.