

Case Number:	CM14-0039411		
Date Assigned:	09/18/2014	Date of Injury:	02/23/2013
Decision Date:	10/16/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 45-year-old female with a 02/23/13 date of injury while lifting a 100-pound plastic bin off a cart. Diagnoses were lumbosacral sprain and lumbosacral neuritis. 02/26/14 progress report documented that the patient complained of constant low back pain rated at 3-10/10. The pain was located at the level of the belt line with radiation into the mid back. It was worsened by any movement. The pain was reduced by the H-wave, ice and heat, and Tramadol as needed. Clinically, there was decreased lumbar range of motion and positive SLR bilaterally. There was tenderness and a slight increased tone from L4-S1. Lumbosacral x-rays were within normal limits. MRI was referenced. The patient was temporarily totally disabled. 02/26/14 Patient Compliance and Outcome Report documented a 28-day use of H-wave for the low back. It was used for 45 minutes twice daily. The H-wave helped more than prior treatment, decreased medication intake, and increased daily activities. There was 40% improvement with the H-wave. 01/29/14 Office note documented that a home H-wave was recommended on 01/22/14. Treatment has included medications, exercises, ice/heat, corset, chiropractic, Hydrocortisone injection, and 14 physical therapy visits. The patient had 20 clinical sessions of TENS in 2013 which provided no relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, purchase: Overturned

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 CA MTUS 2009: 9792.24.2 Page(s): 117-118.

Decision rationale: Medical necessity has been established for H-wave purchase. 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 TENS. The patient has had chronic low back pain and has failed several modes of conservative management including medications, PT, and TENS. She has had a 28-day trial of H-wave which helped 40% and has decreased medication intake and increased daily activities. Continued use of H-wave may further improve the patient's condition, therefore purchase of an H-wave unit is medically reasonable.