

Case Number:	CM14-0046814		
Date Assigned:	07/02/2014	Date of Injury:	02/19/2013
Decision Date:	08/26/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 Oklahoma. 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 35-year-old male who reported an injury on 02/19/2013 due to a lifting injury. On 02/24/2014, the injured worker presented with complaints of pain in the lumbar. Upon examination, there was impaired range of motion, decreased right flexion and impaired activities of daily living. The diagnosis were lumbar strain. Prior therapy included medications, physical therapy, and a home trial of a TENS unit. The provider recommended an H-wave device to reduce or eliminate pain, prevent the need for oral medications, decrease and prevent muscle spasm and atrophy, to improve functional capacity of daily living, improve circulation, and decrease congestion in the injured region and provide self management tool for the injured worker. The request for authorization form was dated 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for the lumbar spine: Upheld

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

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

Decision rationale: The request for durable medical equipment, MI for E1399 H-wave unit for the lumbar spine is not medically necessary. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention and may be considered as a non-invasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The included medication documentation noted that the injured worker has had improvement of pain with the use of the prior H-wave therapy. However, there was lack of measurable baseline in which to measure the efficacy of the prior H-wave treatment. An adequate examination of the injured worker was not provided detailing current deficits to support the need for an H-wave device. An H-wave device must be used as an adjunct to a program of evidence based functional restoration, and there was lack of evidence that the H-wave was to be used as an adjunct to a program of evidenced based restoration. There was lack of documentation of failure of initially recommended conservative care. The provider's request does indicate whether the H-wave device was to be rented or a purchased. As such, the request is not medically necessary.