

Case Number:	CM14-0056327		
Date Assigned:	07/09/2014	Date of Injury:	09/19/2003
Decision Date:	10/03/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 62-year-old female with a 9/19/03 date of injury. The mechanism of injury occurred while she was working in a kitchen. According to a progress report dated 5/16/14, the patient reported that she continued to have back pain that intermittently radiated into her bilateral lower extremities. She stated that she received an H-wave machine back in 2/17/14 that had been helpful. She utilized it at night after work to help relax muscles and allow her to sleep more comfortably at night. She would wake up in the morning with less muscle tension and stiffness. She stated that she was no longer utilizing tramadol as much secondary to H-wave machine and it reduced her pain by about 30%. Objective findings: decreased ROM of lumbar spine, tenderness to palpation at lumbosacral junction, sensations decreased to light touch along the foot and calf. Diagnostic impression: lumbar disc displacement without myelopathy, chronic pain of neck. Treatment to date: medication management, activity modification, physical therapy, H-wave unit. A UR decision dated 3/26/14 denied the request for H-Wave Unit purchase for home use. There were no objective findings documented on examination on 3/21/14 to support the medical necessity of an H-wave muscle stimulator unit. The H-wave system was prescribed for treatment of the back for an injury that occurred over 10 years ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

H- Wave Unit purchase for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: 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). It is noted that the patient has had an initial trial of using an H-wave unit. However, in the reports provided for review, there is no documentation that the patient has failed physical therapy or a trial with a TENS unit. In fact, the provider stated that he is requesting 6 sessions of physical therapy. There is no documentation that the patient is using the H-wave unit along with a home exercise program. Therefore, the request for H-wave unit purchase for home was not medically necessary.