

Case Number:	CM14-0057459		
Date Assigned:	07/09/2014	Date of Injury:	11/01/2012
Decision Date:	08/21/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopedic Surgery and is licensed to practice in California and Texas.. 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 41-year-old male who reported injury on 11/01/2012. The documentation of 03/06/2014 revealed the injured worker had utilized the H-wave and indicated he had more of an ability to perform activity and greater overall function due to the use of the H-wave device. The injured worker indicated he felt more relaxed and less pain when he utilized the H-wave device. The documentation indicated the injured worker had utilized the TENS unit and felt little stimulation. The documentation indicated the injured worker had trialed TENS, physical therapy, and medications. The mechanism of injury was not provided. The injured worker underwent a left L4-5 microdiscectomy on 07/17/2013. Prior treatments included physical therapy, medication, TENS unit, and activity modification. The injured worker was noted to utilize the H-wave for 112 days and was noted to be taking no medication since receiving the home H-wave. The injured worker noted a 50% improvement with the H-wave. The request was made for purchase of an H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device 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
Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention. There was documentation that the injured worker had an ability to perform more activity and had greater overall function with the use of the h-wave. However, there was a lack of documentation of objective functional benefit. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the H-wave as an adjunct to a program of evidence based restoration. The request as submitted failed to indicate whether the request was for purchase or rental. Given the above, the request for home H-wave device for the lumbar spine is not medically necessary.