

Case Number:	CM14-0059808		
Date Assigned:	09/03/2014	Date of Injury:	02/08/2013
Decision Date:	10/24/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 38-year-old male with a 2/8/13 date of injury. The mechanism of injury was while cleaning a Jacuzzi, he slipped and fell backwards landing on his buttocks, and developed an immediate onset of low back, sacral, and coccygeal pain. According to a progress report dated 3/10/14, the patient complained of constant lower back pain radiating into the legs down into the feet. The patient rated his pain as a 6 and was using a cane. He has been having difficulty performing activities of daily living as a result of his injuries. The patient has reported a decrease in the need for oral medications due to the use of the H-wave device. He has reported the ability to perform more activity and greater overall function. The patient has not sufficiently improved with conservative care and the use of a home H-Wave has shown to benefit. Objective findings: tenderness noted in the lumbar paraspinal region bilaterally, tenderness noted in the midline lumbar spine, restricted range of motion of lumbar spine. Diagnostic impression: 3-4mm L4-L5 and 2-3mm L5-S1 disc bulge, bilateral lower extremity weakness with bowel or bladder incontinence. Treatment to date: medication management, activity modification, physical therapy, H-wave unit. A Utilization Review (UR) decision dated 4/1/14 denied the request for home H-wave unit. The computer generated H-wave compliance report states that activities of daily living have been increased by the H-wave. However, the percentage relief is stated to be only 30% which is similar to placebo and would not be considered "great relief".

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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). However, in the present case, there is no documentation of a trial of a TENS unit. There is no indication that the patient is currently undergoing any form of physical rehabilitation. There is no documentation that the patient is using the H-wave unit as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore, the request for Home H Wave Unit was not medically necessary.