

Case Number:	CM14-0059826		
Date Assigned:	07/09/2014	Date of Injury:	06/30/2011
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
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:

The patient is a 35 year old female with a date of injury of 06/30/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/07/2014, lists subjective complaints as pain in the lower back. Objective findings: Examination of the lumbar spine revealed 2/4 tenderness about the lumbar spine musculature from L2-S1. Decreased range of motion for flexion and extension was noted. Diagnosis: 1. Lumbar disorder L4-5. 2. Lumbar facet syndrome 3. Chronic pain syndrome 4. Low back pain. The patient has been using a home H-wave unit and reported a decrease in the need for oral medication, ability to perform more activity and greater overall function with an 80% decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Home H-wave device: 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 Page(s): 117-118.

Decision rationale: The patient recently underwent a trial with H-wave which she states was helpful in reducing her pain by 80%. The MTUS Chronic Pain Guidelines states that the one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Although the patient told her physician that she has had a decrease in her pain level, the medical record fails to document any functional improvement in her physical exam. As such, the request is not medically necessary and appropriate.