

Case Number:	CM14-0059881		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2012
Decision Date:	08/13/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/29/2014

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 & Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 04/04/2012 of unknown mechanism of injury. The injured worker had a history of back pain. The diagnoses was a contusion of the hip, sprain/strain lumbar region, sprain/strain to the shoulder, and wrist sprain. The diagnostics included x-ray of unknown results. The clinical note dated 03/05/2014 revealed objective findings to the lumbar region with no neural deficits, with left leg numbness. Past treatments included physical therapy of unknown sessions or outcome, and the injured worker was wearing a lumbar brace and ambulating with the assistance of a cane. The noted dated 04/04/2012 revealed conservative care of a home H- wave times 7 days with a decrease of 50 percent in pain. The treatment plan included H-wave, brace, cane, and physical therapy. The medications included Tylenol over-the-counter and Anaprox. The Request for Authorization dated 04/02/2014 was submitted with documentation. The rationale for the H-wave was for functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device purchase for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

Decision rationale: The California MTUS does not recommend as an isolated intervention, but as a 1-month home-based trial for the H-wave stimulation may be recommended as a non-invasive conservative option for diabetic neuropathy pain or soft tissue inflammation as used in conjunction to a program of evidence-based functional restoration. The H-wave stimulation should be used after the failure of conservative care including physical therapy and medication, and a TENS unit. Per the clinical notes, the injured worker was not noted for diabetic neuropathic pain. The clinical notes also were not evident that conservative care or medication or physical therapy had failed. Per the clinical notes it was not evident that the injured worker had in fact used a transcutaneous electrical nerve stimulator. Per the clinical notes the injured worker was prescribed the H-wave unit for 7 day. The guidelines indicate a one month trial period prior to purchase. As such, the request for H-wave device purchase for the lumbar spine is not medically necessary.