

Case Number:	CM14-0063032		
Date Assigned:	09/03/2014	Date of Injury:	04/04/2012
Decision Date:	10/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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 Nevada. 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 records, presented for review, indicate that this 46 year old female was reportedly injured on April 4, 2012. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of pain and impaired activities daily life (ADLs). No physical examination findings were provided. No diagnostic imaging studies were provided for review. The previous review indicates that previous treatments included medications, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit and an H wave system for fifteen days. The clinician specified that the device would be beneficial to reduce or eliminate pain, prevent the need for oral medication, prevent muscle spasm and atrophy, and improve functionality. A request was made for H wave device for purchase and was not certified in the preauthorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device for Purchase Lumbar Spine E1399: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends a one month trial of H wave stimulation be utilized in conjunction with an evidence based functional restoration program for the management of chronic soft tissue inflammation. The MTUS does not provide a recommendation for long term use of this device. The clinical progress notes, provided, offer no physical examination findings and notes only subjective complaints of pain. The provided previous utilization review indicates that the claimant previously underwent operative intervention for the lumbar spine. While it is noted that the claimant has received some improvement with utilization of this device, and given the lack of physical examination findings presented, there does not appear to be clear indication for purchase of this device. As such, the request is considered not medically necessary.