

Case Number:	CM14-0063603		
Date Assigned:	07/11/2014	Date of Injury:	12/07/2010
Decision Date:	09/03/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 injured worker is a 56 year-old male who has developed chronic cervical and lumbar pain subsequent to an injury dated 12/07/2010. He has been treated with physical therapy and a TENS unit was trialed with no reported success. There is no documented evidence of structured functional or home exercise program. An H-wave vendor generated response form is reported to be done two weeks after the start of the trial. It is reported that there is 30% relief of low back pain with increased capacity to sit. Walking and standing tolerance remains unchanged. Medication needs remain unchanged. It is reported to have caused him increased cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: 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 Transcutaneous Electrotherapy H-wave Page(s): 116-118.

Decision rationale: The MTUS guidelines support the long term use of H-wave unit only if very specific conditions are met. The request for a home unit does not meet guideline standards due to several issues. The response form was filled out two weeks after starting the unit trial. Guidelines state it has to be at least a 30 day trial. There was no change in medication use. Guidelines state that medication use should be impacted. There is no active self-directed functional restoration program. Guidelines state that this is to be utilized only in conjunction with an active functional restoration program. The purchase of a home H-wave unit is not supported by guidelines and there are no unusual circumstances to justify an exception to guidelines. The home H-wave unit is not medically necessary.