

Case Number:	CM14-0069121		
Date Assigned:	07/14/2014	Date of Injury:	05/02/2012
Decision Date:	09/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 21 year old female who is reported to have sustained injuries to her low back as a result of a slip and fall occurring on 05/02/12. The records indicate that the injured worker has chronic low back pain that has largely been maintained on oral medications. Per a clinical note dated 04/01/14, the injured worker has recently undergone an EMG on 03/12/14 and an MRI of the lumbar spine on 03/03/14. She reports that her pain without medications is 10/10 and 6/10 with medications. Her current medication profile includes Naproxen Sodium 550mg, Robaxin 500mg, Fexmid 7.5mg, a topical compounded medication, and Voltaren XR 100mg. On physical examination, she is well-nourished and well-hydrated and in no acute distress. Deep tendon reflexes are symmetric in the upper and lower extremities bilaterally. Sensation is intact. Motor strength is intact. She is noted to have tenderness over the L3 through L5 facets with increased pain on flexion and extension. Straight leg raise is negative bilaterally. There are no palpable paraspinal muscle spasms. She has been recommended to undergo medial branch blocks and additional physical therapy. The injured worker has been recommended to use an H-wave stimulator. The record contains a utilization review determination dated 04/18/14 for a request for purchase of a home H-wave stimulator.

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 for the lumbar spine, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The request for purchase of a home H-wave device for the lumbar spine is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained an injury to her low back on 05/02/12. The records provided suggest that the injured worker has evidence of facet mediated pain. Her physical examination is grossly normal and shows no evidence of neuropathic pain. The records suggest that the injured worker may have used an H-wave device. However, the location of use and percent of relief were not adequately documented. It would further be noted that there is no substantive documentation of improvements in activities of daily living or reduction in medication use as a result of utilizing this device. As such, the medical necessity for use of this device has not been established.