

Case Number:	CM14-0071822		
Date Assigned:	07/16/2014	Date of Injury:	02/25/2013
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 and 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 records presented for review indicate that this 33-year-old male was reportedly injured on February 25, 2013. The mechanism of injury is noted as grabbing a heavy object and preventing it from falling while standing on a ladder. The most recent progress note, dated April 23, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications include Tylenol, and Advil. The physical examination demonstrated tenderness along the thoracic and lumbar spine paravertebral muscles. There was decreased lumbar spine range of motion and decreased sensation at the L2 and L3 dermatomes on the right side. Diagnostic imaging studies of the lumbar spine indicated straightening of the lumbar lordotic curvature and no significant disc herniations. Previous treatment includes physical therapy. A request had been made for the purchase of a home H-Wave device and was not certified in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Home H-Wave Device QTY: 1.00: 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 Page(s): 118 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 118 of 127. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommends "a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS)." Review of the available medical records fails to document the criteria required for a one-month trial of H-Wave Stimulation. As such, this request for the purchase of a home H-Wave device is not medically necessary.