

Case Number:	CM14-0079048		
Date Assigned:	07/18/2014	Date of Injury:	11/05/2013
Decision Date:	09/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 22 year old male whose date of injury is 11/05/2013. On this date the injured worker fell from a tree. Note dated 02/04/14 indicates that the injured worker complains of back pain. He finished his physical therapy two weeks ago. Assessment notes cervical strain, lumbar strain, bilateral hip strain, back pain and neck pain. Note dated 03/17/14 indicates that the injured worker will complete his 12th and final physical therapy visit the following day. The injured worker was recommended for a trial of H-wave stimulation. Note dated 04/09/14 indicates that the injured worker has been utilizing his H-wave device and reports 70% pain relief. H-wave compliance report dated 04/01/14 indicates that the injured worker has eliminated medication usage. Note dated 05/01/14 indicates that the injured worker rates his pain as 7-8/10. Magnetic resonance image of the lumbar spine dated 05/15/14 is a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-Wave Device: 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): 117-118.

Decision rationale: Based on the clinical information provided, the request for home H-wave device is not recommended as medically necessary. The submitted records indicate that the injured worker has responded well to H-wave stimulation; however, the records report that his pain levels remain 7-8/10. There is no indication that the injured worker previously failed a trial of transcutaneous electrical nerve stimulation as required by California Medical Treatment Utilization Schedule guidelines. The injured worker sustained sprain/strain injuries which should have resolved at this time. Magnetic resonance image of the lumbar spine dated 05/15/14 is a normal study. Therefore, medical necessity of the device cannot be established at this time.