

Case Number:	CM14-0079956		
Date Assigned:	07/18/2014	Date of Injury:	03/27/2013
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 55-year-old female was reportedly injured on March 27, 2013. The mechanism of injury is listed as working in a non-ergonomic workstation. The most recent progress note, dated July 14, 2014. Indicates that there are ongoing complaints of back pain, leg pain, and hip pain. The physical examination demonstrated a slight antalgic gait. There was tenderness over the left lower lumbar paraspinal muscles and a mildly positive left-sided straight leg raise test. There was also decreased sensation at the left S1 dermatomes. Diagnostic imaging studies of the lumbar spine showed degenerative disc disease from L2 through S1. Disc bulges at L2 - L3 and L3 - L4 are displacing the ventral rami of the left L2 and L3 nerves. Previous treatment includes physical therapy, trigger point injections, the use of a TENS unit, acupuncture, and oral medications. A request had been made for an H wave unit for purchase and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device purchase for lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118 of 127.

Decision rationale: The most recent progress note dated July 14, 2014, states that the injured employee was already approved for the usage of an H wave unit. The injured employee has continued symptoms despite conservative treatment including physical therapy, medications, and the usage of a tens unit. There is also been a 33 day time period that the injured employee has used a transcutaneous electrical nerve stimulation (TENS) unit and claimed there was 10% improvement in her ability to participate in activities of daily living while not taking any medications. Considering this, this request for an H wave unit for purchase is medically necessary.