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| Case Number: | CM14-0081155 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 07/24/2009 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 Florida. 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 39-year-old male who reported an injury on 07/24/2009. The mechanism of injury was not provided. On 05/09/2014, the injured worker presented with low back pain. Upon examination there was tenderness at the paralumbar region and the injured worker had a slightly antalgic gait. There was a positive straight leg raise and strength in the lower extremities was 5/5. The diagnosis was chronic lumbar pain. Prior treatments included an H-wave therapy. The provider recommended 30 day rental of an H-wave unit, the provider's rationale was not provided. The Request for Authorization form dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day rental 4-Wave Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

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

Decision rationale: The request for a 30 day rental 4-wave unit is not medically necessary. The California MTUS Guidelines does not recommend an H-Wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic or chronic soft tissue

inflammation if used as an adjunct to a program of evidence based function of restoration. It should follow a failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation TENS. There is lack of evidence of a measurable baseline in which to measure the efficacy of the prior H-wave therapy. Additionally, an H-Wave device should be used as an adjunct with a program of evidence based function and restoration, and there is lack of evidence of physical therapy or a home exercise program. Clarification will be needed as to what site the H-Wave rental unit was indicated for. And the provider's request states 4 wave unit in place of H-Wave. As such, the request for addition 30 rental of H-Wave unit is not medically necessary and appropriate.