

Case Number:	CM14-0083438		
Date Assigned:	07/21/2014	Date of Injury:	07/03/2013
Decision Date:	09/09/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is a 54-year-old female who was reportedly injured on July 3, 2013. The mechanism of injury is noted as retrieving copies from the copy machine. The most recent progress note dated June 24, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated full range of motion of the lumbar spine and a bilateral straight leg raise test at 70. Diagnostic imaging studies of the lumbar spine indicated a far left interest foraminal disc extrusion with potential left-sided L2 nerve root involvement. There was a recommendation for continued usage of a transcutaneous electrical nerve stimulation (TENS) unit at home. Previous treatment includes acupuncture, a TENS unit, an H wave device, and home exercise. A request was made for the purchase of an H wave device for the lower back and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave Device for lower back, lumbar and/or sacral vertebrae: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 117-118.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines will support 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). The progress note dated June 24, 2014, indicates that the injured employee is also using a TENS unit and feels that it helps. Considering that there has not been failure of the usage of a TENS unit, this request for the purchase of an H wave device for the lower back, lumbar and/or sacral vertebrae is not medically necessary.