

Case Number:	CM14-0084720		
Date Assigned:	06/23/2014	Date of Injury:	04/14/2012
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational Medicine 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:

This is a 44-year-old male with a 4/14/12 date of injury, when he injured his back while lifting audiovisual equipment. The Patient Compliance and Outcome Report dated 7/2/14 indicated that the patient was using H-Wave for his back twice a day for 45 minutes for 110 days and it helped him more than PT and medications. While using H-wave he did not use any medications and the H-wave allowed him to increase function and perform more in activities of daily living (ADLs). The H-Wave decreased the patient's pain from 10/10 to 6/10. The patient was seen on 4/3/14 with complaints of 10/10 lower back pain radiating down to the left leg. Exam findings revealed tenderness in the back and increased pain with the range of motion. There was decreased sensation on the L3-S1 distribution and positive straight leg raise test. The diagnosis is lumbago, sciatica, spinal stenosis of lumbar region and other chronic pain. Treatment to date includes lumbar facet joint blocks, lumbar medial branch rhizotomy in the bilateral L4-L5 and L5-S1 and medial branch blocks at L4-L5 and L5-S1 on 1/9/14, physical therapy, chiropractic treatment and medications. An adverse determination was received on 5/8/14. The request for Purchase of Home H-Wave device was denied due to a very limited documentation of measurable objective and functional improvements attributed to the use of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, the Trial periods of more than one month should be justified by documentation submitted for review. The Patient Compliance and Outcome Report dated 7/2/14 indicated that the patient benefited from the previous use of the H-Wave. However, there is a lack of documentation indicating that the patient has tried a TENS unit, which is prerequisite to a use of the H-Unit. Therefore, the request for Purchase of Home H-Wave device is not medically necessary.