

Case Number:	CM14-0086313		
Date Assigned:	07/23/2014	Date of Injury:	01/05/2012
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 42-year-old female who was reportedly injured on January 5, 2012. The mechanism of injury was not listed in these records reviewed. The most recent chiropractic clinical note dated May 12, 2014, indicated that there are ongoing complaints of back pain. There was no physical examination offered, and there was a boilerplate vendor generated form indicating subjective improvement of approximately 40%. Diagnostic imaging studies were not presented. Previous treatment included chiropractic care and H-wave stimulation. A request was made for home H-wave device and was not certified in the pre-authorization process on May 29, 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, a one-month trial of H-wave may be appropriate to permit an assessment of the effects and benefits.

The records reflect that several months of intervention have been completed. Subjectively, a 40% improvement in the clinical situation reported. However, there is no competent clinical assessment of the current clinical condition outlined by the treating chiropractor. As such, there is aptly no objective medical evidence presented to support the medical necessity of this device.