

Case Number:	CM14-0087786		
Date Assigned:	07/23/2014	Date of Injury:	04/17/2003
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 65 year old male who was injured on 04/17/03. The mechanism of injury is not described. The injured worker complains of moderate to severe low back spasms and low back pain. The injured worker is diagnosed with lumbar sprain. Treatment has included physical therapy, trigger point injections, medication management, TENS unit trial and a 96 day H-wave unit trial. Records indicate the injured worker did not receive benefit with use of a TENS unit but did report an increase in ADLs and relief from intense lower back muscle spasms with the used of the H-wave. Narrative report dated 04/29/14 notes the injured worker reported a decrease in the need for oral medications due to the use of the H-wave. The injured worker reports 50% relief with the use of the unit. There are no recent detailed physical examinations submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 17.

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

Decision rationale: The request for a home H-wave device purchase is not recommended as medically necessary. MTUS supports the purchase of an H-wave device when a one-month trial with the device is completed with documented frequency of usage, pain relief and function. The records submitted for review did not include documentation revealing the efficacy of the H-wave on the injured worker's functional abilities. There were no detailed objective physical examinations submitted for review which provided evidence suggesting functional restoration or improvement with the use of the H-wave. Based on the clinical information provided, medical necessity of a home H-wave device purchase is not established.