

Case Number:	CM14-0120290		
Date Assigned:	08/06/2014	Date of Injury:	12/01/2010
Decision Date:	01/02/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/30/2014

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:

Patient is a 62 year-old female with date of injury 12/01/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/10/2014, lists subjective complaints as pain in the low back with intermittent radiation to the lower left extremity. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbosacral spine from L4 through S1, left and right paraspinal musculature, left greater trochanteric area, and left posterolateral thigh. Straight leg raising was negative bilaterally. Range of motion was within normal limits. Strength was reduced to 4/5 on the left lower extremity. Diagnosis: 1. Degenerative disc disease to the lumbosacral spine with left-sided L4-5 radiculopathy. Provider documents that the patient has been utilizing an H-wave for an extended period of time with good benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-Wave Device for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 117-118.

Decision rationale: The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Home H-Wave Device for purchase is not medically necessary.