

Case Number:	CM14-0205410		
Date Assigned:	12/17/2014	Date of Injury:	03/02/2009
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 68 year-old male with date of injury 03/02/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/22/2014, lists subjective complaints as pain in the neck and low back. Patient is status post cervical and lumbar epidural steroid injections on 11/06/2014 and noted that they provided considerable relief. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation at facets L3-S1. Positive for facet loading. Negative straight leg raise bilaterally. Examination of the cervical spine revealed decreased range of motion and tenderness to palpation of the cervical paraspinals. Diagnosis: 1. Sprain and strain of the shoulder and upper arm 2. Neck sprain and strain 3. Sprain and strain of lumbosacral region.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: home H-Wave device for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117.

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. DME: home H-Wave device for purchase is not medically necessary.