

Case Number:	CM15-0007282		
Date Assigned:	01/26/2015	Date of Injury:	02/27/2014
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 43 year old female, who sustained an industrial injury, on February 27, 2014. The injured worker suffered from neck and lower back injury. The injured worker's chief complaint was lower back spasms with burning pain to the right thigh and less radiating pain to the left buttocks to lateral foot. The injured worker was diagnosed with sprain/strain of neck, lumbago, displaced lumbar intervertebral and overweight/obesity. The injured worker had supportive treatment of home exercise program, H-wave treatments, physical therapy and acupuncture therapy. On September 11, 2014, the injured worker had a home H-wave treatment. On November 14, 2014, the treating physician requested a purchase of an H-wave for thoracic lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with lower back pain, right thigh pain, left buttock/lateral foot pain. The treater has asked for PURCHASE OF H-WAVE UNIT on 12/8/14. The treater states that 'benefits were reported as a result of this trial' of an H-wave device per 12/8/14 report. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. MTUS states that: "Trial periods of more than one month should be justified by documentation submitted for review." It further requires that there is significant pain reduction along with functional improvement. In this case, the reports do not provide documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is reported benefit from a one-month trial of H-wave unit, but there is no specific documentation regarding activities of daily living, and functional improvement in relation to use of H-wave. No reduction of medication use has been documented. The request IS NOT medically necessary.