

Case Number:	CM15-0024693		
Date Assigned:	02/17/2015	Date of Injury:	11/14/2011
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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 is a 37-year-old female who reported an injury on 11/14/2011. On 01/06/2015, she presented for a followup evaluation. It was stated that she was taking Norco and Flexeril; and she continued to report constipation with rectal bleeding, with pain in the upper quadrant. A physical examination showed blood pressure was 110/72, and the abdomen was soft with no organomegaly. She was diagnosed with analgesic induced constipation and ortho condition. The treatment plan was for an H-Wave device purchase for the low back. The rationale for treatment was not provided.

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) for the low back: 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 H wave Stimulation Page(s): 117.

Decision rationale: The California MTUS Guidelines recommend H-Wave stimulation after there has been documentation of failure of conservative care for a 1 month trial, when it is used in junction with an adjunct program of evidence based functional restoration. The documentation provided does not show that the injured worker is actively participating in a program of evidence based functional restoration to support the request. There is also a lack of documentation showing that she has undergone a 1 month trial with significant improvement. Also, a clear rationale for the medical necessity of the request was not stated. Therefore, the request is not supported. As such, the request is not medically necessary.