

Case Number:	CM15-0024766		
Date Assigned:	02/17/2015	Date of Injury:	07/20/1999
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
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, Arizona

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 57-year-old male who reported an injury on 07/20/1999. The mechanism of injury was due to an automobile accident. A review of records dated 01/18/2015 indicates that the injured worker has had ongoing low back problems with recommendations from a separate physician to consider having low back surgery. It was noted that the injured worker had been on narcotic medications since at least 2000 and that he needed to stop taking his narcotics as they were not doing him any good. It was also stated that he clearly needed additional medical treatment at that time. Recent clinical documentation regarding his condition, subjective complaints, and physical examination findings as well as his diagnosis was not provided. The treatment plan was for an H-wave stimulator purchase. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Stimulator for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

Decision rationale: The California MTUS Guidelines recommend a 1 month home based H-wave stimulator unit when there is evidence that all appropriate pain modalities have been tried and failed and only as an adjunct to ongoing treatment with a functional restoration approach. The documentation provided does not indicate that the injured worker is actively participating in an adjunct treatment modality with a functional restoration approach to use in conjunction with the H-wave unit. Also, the request for a purchase would not be supported without documentation that the injured worker has undergone a 30 day trial with adequate pain relief as defined by the cited guidelines. Therefore, the request is not supported. As such, the request is not medically necessary.