

Case Number:	CM15-0041524		
Date Assigned:	03/11/2015	Date of Injury:	06/16/2006
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/04/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 06/16/2006. On provider visit dated 09/26/2014 the injured worker has reported low back pain and impaired activities of daily living. The diagnoses have included lumbosacral neuritis, displaced of lumbar intervertebral disc without myelopathy and lumbosacral spondylosis without myelopathy. Treatment to date has included H -wave at no cost for evaluation purpose and medication, TENS unit, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-wave device Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

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

Decision rationale: CA MTUS does not consider H wave therapy a first line treatment modality. A one month trial of therapy with a rental unit may be used as a non invasive conservative option

for chronic pain of at least 3 months duration in which other modalities, including physical therapy, medication and a TENS unit, have failed. A clear plan of long and short-term treatment goals is required for such a trial. In this case, the primary documentation submitted does not contain indication of failure of TENS unit. I note that the original UR denial includes a documented phone call in which the provider apparently stated that the claimant had a trial of TENS unit which was successful. A successful TENS trial would indicate not need for a trial or purchase of H wave unit. Purchase of H wave unit is not medically necessary and the non-certification is upheld.