

Case Number:	CM14-0212922		
Date Assigned:	12/30/2014	Date of Injury:	03/27/2013
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Arizona, California

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:

51 yr. old male claimant sustained a work injury on 3/27/13 involving the low back. An MRI of the lumbar spine on 7/30/13 indicated degenerative disk disease throughout the spine and L4-L5 disc protrusion. An EMG on 10/2013 showed bilateral sacroilitis. He had received epidural injection and analgesics for pain control. He did not benefit from a TENS unit. A progress note on 9/3/14 indicated the claimant had 50% improvement after the epidural injection. There is tenderness in the paraspinal region. Straight leg raise was positive on the right side. He was to continue home exercise programs. The treating physician requested an H-wave trial for 30 days. A progress note on 11/12/14 indicated the claimant had benefitted from the H-wave. He had decreased the use of pain medications. The physician requested the purchase of an H-wave unit.

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): 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 Page(s): 117.

Decision rationale: According to the guidelines, documentation of benefit after a month trial must be provided to continue use of an H-wave unit. Rental is preferred over purchasing. Studies have not shown benefit in H-wave vs. TENS unit. Although the claimant had benefitted more from an H-wave than a TENS, there is no indication for long-term sustained benefit. As a result, the purchase of a unit is not medically necessary.