

Case Number:	CM15-0111768		
Date Assigned:	06/18/2015	Date of Injury:	12/22/2010
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on 12/22/2010. She reported complaints of pain to the right shoulder, scapular area, and mid back secondary to transferring materials to the right side of her body while sitting when she strained her back. The injured worker was diagnosed as having thoracic sprain/strain, cervical sprain, neck muscle strain, and lumbar sprain/strain. Treatment and diagnostic studies to date has included medication regimen, physical therapy, x-rays, and ear/nose/throat evaluation. In a progress note dated 05/11/2015 the treating physician reports complaints of pain to the low back. Examination reveals limited range of motion to the lumbar spine. The treating physician requested the purchase of an H-wave unit and a Sleep Number Bed noting that this equipment was recommended by the Qualified Medical Evaluator.

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 Chronic Pain Treatment Guidelines transcutaneous electrotherapy.

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

Decision rationale: H-Wave stimulation is not recommended by the MTUS guidelines as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic-neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy (exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There are no clear outcomes measures with respect to functional improvement provided and it cannot be assumed the patient has failed conservative management at this time. Without further details to support the request for H-wave purchase, given the overall lack of quality evidence for the modality and therefore stringent need for detailed reasoning for the request on a case-by-case basis, the request is not medically necessary at this time.

Purchase of sleep number bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumber & Thoracic (Acute & Chronic, updated 05/15/15), Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, mattress selection.

Decision rationale: The ODG provides the preferred mechanism for assessment of clinical indication for purchase of a specific mattress. According to the guidelines, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Because the request is not supported by the guidelines, it is not medically necessary at this time.