

Case Number:	CM15-0068141		
Date Assigned:	04/15/2015	Date of Injury:	09/24/2013
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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 50-year-old female who sustained an industrial injury on 9/24/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having closed dislocation, sacrum and lumbago. Treatments to date have included H-wave device, transcutaneous electrical nerve stimulation unit, oral pain medication, and chiropractic treatments. Currently, the injured worker complains of back pain. The plan of care was for a home H-wave device and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 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 documentation does contain indication of a failure of TENS unit. It does not document response to other conservative measures such as physical therapy and medication. There is no comprehensive plan of short and long-term treatment goals. A trial of H wave unit is not medically necessary and the non-certification is upheld.