

Case Number:	CM15-0099564		
Date Assigned:	06/02/2015	Date of Injury:	06/30/2014
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, 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:

This is a 34-year-old male patient who sustained an injury on June 30, 2014. The current diagnoses L1 compression fracture. He sustained the injury due to fall off a ladder. Per the note dated 3/26/15, he had complaints of back pain. Per the progress note dated February 25, 2015 he had complaints of significant mid and upper back pain; easy fatigability. The physical examination revealed lumbar spine tenderness to palpation. The current medications list is not specified in the records provided. Treatments to date have included stretching exercises, physical therapy, lumbar fusion, and bracing. The treating physician documented a plan of care that included a home H-wave device purchase.

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 Page(s): 117.

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

Decision rationale: Request-Home H-wave device purchase. Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Home H-wave device purchase is not medically necessary for this patient at this juncture.