

Case Number:	CM13-0008018		
Date Assigned:	09/11/2013	Date of Injury:	03/21/2012
Decision Date:	01/13/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/21/2012. The treating diagnosis is lumbosacral neuritis. An initial physician review in this case notes the reviewer spoke with the treating physician and discussed that this patient did not specifically have a documented TENS trial, although that is often tried in physical therapy. The reviewer concluded that there was no evidence of a failure of TENS and that the request for H-wave was not supported by California guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: Section on H-Wave Stimulation, page 117, states, "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 recommend physical therapy and medications plus transcutaneous electrical nerve stimulation." The medical records and guidelines do not support a trial of H-wave in the current situation when a patient has not first failed a TENS. Additionally, the guidelines would not support purchase of an H-wave without an initial trial. The guidelines have not been met. This treatment is not medically necessary.