

Case Number:	CM13-0013980		
Date Assigned:	01/15/2014	Date of Injury:	03/01/2010
Decision Date:	03/19/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/20/2013

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, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with date of injury on 03/01/2010. The progress report dated 07/01/2013 by [REDACTED] indicates that the patient's diagnoses include: Spinal stenosis of lumbar region, and failed back syndrome. The patient continues with low back pain. The treating physician indicates that the patient has done well with H-wave therapy. The patient's activities of daily living have improved, especially if it has to do with her ability to sit and stand. The patient has reported taking less medication. The patient was taking up to 6 to 8 pills a day. Now, she is only taking 2 pills. Exam findings included tenderness to the lumbar spine with limited range of motion. A request was made for purchase of H-wave unit which was denied by utilization review letter dated 07/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for purchase of H-Wave: Overturned

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 stimulation (HWT) Page(s): s 117-118.

Decision rationale: The patient continues with low back pain and is diagnosed with spinal stenosis of lumbar region, failed back syndrome. The progress report on 05/20/2013 by [REDACTED] indicates that patient had previously tried TENS unit therapy as well as physical therapy with limited results and, therefore, H-wave therapy was recommended for trial. Following the H-wave trial, the treating physician indicates that the patient went from taking 6 to 8 pills a day down to 2 pills a day. It was unclear which medications were reduced. The utilization review letter dated 07/19/2013 indicates that the patient was taking Gabapentin, Norco, and Soma for pain relief. The progress report addendum dated 07/08/2013 indicates that the patient had positive response to H-wave therapy. The patient indicated that pain level dropped from a 7/10 down to a 5/10 and improved motion and function from a 6/10 down to a 5/10. MTUS Guidelines page 117 states that H-wave therapy can be supported following failure of initially recommended conservative care, including recommended physical therapy, medications, plus TENS unit therapy. The records indicate that the patient has previously undergone these treatments with an unsatisfactory response and the 1-month H-wave trial was performed. MTUS further states that trial periods of more than 1 month should be justified by documentation and submitted for review. The records appear to indicate that the patient has reduced her medication use more than half. As reported, an increased amount of functional ability. This appears to demonstrate a significant improvement in functional improvement by the use of the H-wave unit. Therefore, the request for H-wave purchase appears to be reasonable in this case and supported by the guidelines noted above. Therefore, authorization is recommended.