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| Case Number: | CM13-0014436 | | |
| Date Assigned: | 10/03/2013 | Date of Injury: | 11/05/2003 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas and 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 37-year-old male who reported an injury on 11/5/03. He is currently diagnosed with myofascial pain, bilateral sacroiliitis, and bilateral greater trochanter bursitis. The patient was recently evaluated on 8/20/13; he complained of left lower back pain and SI joint pain. Physical examination revealed mild pain with range of motion, spasm, and antalgic gait. Treatment recommendations included continuation of current medications and a request for authorization for an H-wave system.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave system for three months for use on the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that H-Wave stimulation is not recommended as an isolated intervention, but a 1-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). As per the clinical notes submitted, the patient has been continuously utilizing an H-wave system. Despite the ongoing use, the patient continues to present with lower back and left SI joint pain. Documentation of functional improvement was not provided. Therefore, the request cannot be determined as medically appropriate.