

Case Number:	CM13-0015084		
Date Assigned:	11/06/2013	Date of Injury:	08/02/2011
Decision Date:	01/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice, and is licensed to practice in Texas. 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 female who reported an injury on 08/02/2011. The mechanism of injury was not submitted. The patient complained of pain to her neck, hand, low back and knee. The patient had decreased range of motion, an antalgic gait, tenderness in the right lumbar paravertebral muscles at L4-5 with palpation, decreased sensation over right lower extremity with a positive facet loading test. The patient was diagnosed with low back pain, right leg radiculopathy, right knee contusion which was healed, right carpal tunnel syndrome, facet arthropathy at L4-5 and right cervical radiculopathy. The patient has been prescribed pain medication, anti-epileptic drugs, (AEDs) and Nonsteroidal anti-inflammatory drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave unit (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 116-117.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment guidelines state 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). Rental would be preferred over purchase during this trial. The clinical documentation submitted does not provide objective findings of physical therapy measures, home exercise programs, the efficacy of the pain medication or the previous use of a TENS as recommended by the California Medical Treatment Utilization Schedule (MTUS).