

Case Number:	CM13-0016238		
Date Assigned:	11/06/2013	Date of Injury:	05/24/2012
Decision Date:	02/03/2014	UR Denial Date:	08/05/2013
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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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 51-year-old male, who reported an injury on 05/24/2012 due to heavy lifting. Treatments included physical therapy, medications, and a trial of a TENS unit. The patient's most recent clinical examination findings included limited lumbar range of motion described as 45 degrees in extension with palpable paraspinal muscle spasms, and a negative straight leg raising test bilaterally. The patient's diagnoses included lumbar pain with radiculopathy. The treatment plan included chiropractic care and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial for 30 days: Upheld

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

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

Decision rationale: The clinical documentation submitted for review indicates that the patient has lumbar pain with tenderness to palpation and spasming of the paravertebral lumbar musculature. The Chronic Pain Guidelines recommend a home based trial of H-wave

stimulation for diabetic neuropathy or chronic soft tissue inflammation. However, it is recommended that this be used as an adjunct therapy to evidence based functional restoration program. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in any active therapy to include a home exercise program. Additionally, the clinical documentation submitted for review does provide evidence that the patient is scheduled to undergo chiropractic care, and an epidural steroid injection. As the patient has not exhausted all lower levels of conservative care, a 30 day trial of H-wave stimulation would not be indicated.