

Case Number:	CM13-0019124		
Date Assigned:	10/11/2013	Date of Injury:	10/16/2010
Decision Date:	01/21/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 Cardiovascular Disease 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:

According to medical records reviewed, this 62 years old male patient with history of injury dated for over a decade, and said to be as a result of standing, sitting and reaching on the job, his lower back has continually gotten worse to the point of teroid e to continue under those conditions. He took an early retirement in 2010 after 30 years of employment. He was disabled for one year prior to his retirement. He has a diagnosis of L1-S1 grade 2 lytic spondylolisthesis with pars fractures and marked foraminal stenosis, marked disc space collapse, bone-to-Bone pathology and bony inflammation, according the ct scan of the lumbar. Physical examination revealed teroid ed sensation to bilateral S1 and a left L5 dermatomal distribution. Reflexes are trace throught. Treatment includes epidural steroid injections, with 80% relief of back and leg pains, Norco and anti-hypertensive medications. At issue is the request for H-wave treatment for back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave purchase for lumbar spine: 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 H-Wave Stimulation Section Page(s): 117.

Decision rationale: The California MTUS, page117, states that H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 transcutaneouselectrical nerve stimulation (TENS). Medical records submitted for review did not indicate that patient has met the above stipulated indication for use, therefore the request for H-Wave purchased for lumbar use in not medically necessary.