

Case Number:	CM13-0019374		
Date Assigned:	10/11/2013	Date of Injury:	08/21/2012
Decision Date:	02/03/2014	UR Denial Date:	08/16/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and 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.

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 was a 60-year-old female with complaints of low back pain secondary to an injury 08/21/2012. The patient had decreased muscle strength and endurance as a result of her injury. The patient attended physical therapy and received injections to her back. The patient was pending a lumbar spine surgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of one H-Wave device: 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 (HWT) Section Page(s): 117.

Decision rationale: The Physician Reviewer's decision rationale: The patient has chronic low back pain. The patient had no history of diabetes nor objective findings of tissue inflammation. The Chronic Pain Medical Treatment Guidelines recommend H-Wave stimulation be considered as a noninvasive conservative option for diabetic neuropathic and/or chronic soft tissue inflammation pain. The patient did not have documentation of participation in a trial period submitted for review. The Chronic Pain Medical Treatment Guidelines recommend a 30 day trial of therapy. The Chronic Pain Medical Treatment Guidelines recommend the rental over

purchase for a 30 day trial. The request for the purchase of one H-Wave device is not medically necessary or appropriate.