

Case Number:	CM13-0020078		
Date Assigned:	10/11/2013	Date of Injury:	04/03/2010
Decision Date:	01/29/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 34-year-old male with a reported date of injury on 04/03/2010. The patient presented with upper back pain, lower back pain, and left hip pain. Lumbar flexion was 45 degrees, lumbar extension was 15 degrees, and lumbar right lateral bending was 25 degrees. The patient had diagnoses including thoracic spine disc bulge, lumbar spine disc bulge, and left hip strain. The physician's treatment plan included a request for an H-wave unit purchase for the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit Purchase for the thoracic and 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 Page(s): 117-118.

Decision rationale: The MTUS Chronic Pain Guidelines note 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

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)." Guidelines suggest that the frequency of use should be documented, as well as outcomes in terms of pain relief and function should be documented. Chronic Pain Guidelines also recommend rental over purchase during the trial period. Within the provided documentation, it was noted the patient had undergone treatment with a TENS device but it did not provide satisfactory or adequate relief. Within the provided documentation, it did not appear the patient had undergone a 1 month home-based trial of H-wave stimulation, with documented efficacy as evidenced by objective functional improvements and decreased pain. Additionally, it was unclear if the H-wave unit would be used in conjunction with a program of evidence based functional restoration. Therefore, the request for an H-wave unit purchase for the thoracic and lumbar spine is not medically necessary and appropriate.