

Case Number:	CM13-0022640		
Date Assigned:	10/02/2013	Date of Injury:	01/21/1997
Decision Date:	03/28/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	09/10/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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.

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 reports a date of injury of 1/21/9. The treating physician report dated 7/2/13 indicates the patient has chronic lower back pain with diagnoses: 1.Lumbar radiculopathy 2.Spasm of muscle 3.Long-term (current) use of medications 4.Encounter for therapeutic drug monitoring The utilization review report dated 7/12/13 indicates that a trial of H-Wave was denied based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-Wave: Overturned

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) Page(s): 117.

Decision rationale: The patient presents with chronic lower back pain. MRI findings noted in the treating physician report dated 7/2/13 indicate 7.1mm disc bulging at L3/4 and 7.7mm bulging at L4/5. The patient has bilateral tenderness and spasms of the lumbar paraspinal muscles and pain with palpation of the bilateral S/I joints. The treating physician documents that the patient previously tried and failed usage of a TENS unit. The current request is for a trial of H-Wave to help decrease medication usage and continue home exercises and back strengthening.

The MTUS guidelines state "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). The treating physician has documented that the patient has chronic soft tissue inflammation and failed conservative care including TENS. Recommendation is for authorization.