

Case Number:	CM13-0029605		
Date Assigned:	11/01/2013	Date of Injury:	08/03/2005
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice, 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:

The patient is a 50 year old male who reported an injury on 8/3/05. The mechanism of injury was not submitted. The patient complained of pain to his low back, and radiating pain to the bilateral low extremities, and was diagnosed with low back pain, sciatica, bulging disc, degenerative disc disease, spinal stenosis and status post spinal fusion and decompression. The patient reports his pain at 8/10 in the low back, 6/10 in the right leg, and 3/10 in the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a home 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 Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines do not recommend H-wave 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). These conservative measures were not documented. Also, no objective clinical documentation was submitted to review that identify measureable findings, i.e. the efficacy of the TENS unit, increase/decrease in range of motion, pain, or the patient's functionality. Therefore, the submitted request is non-certified.