

Case Number:	CM13-0035551		
Date Assigned:	01/03/2014	Date of Injury:	06/11/2012
Decision Date:	03/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic mid and low back pain associated with an industrial injury of June 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior L4 through S1 lumbar fusion surgery; unspecified amounts of physical therapy and chiropractic manipulative therapy; and adjuvant medications. An earlier note of September 27, 2013 is notable for comments that the applicant reports dull, aching, and low back pain. She is on Norco, Norflex, Relafen, Ambien, and Neurontin. A new back brace, Toradol, and H-Wave home care system are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of an H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care systems are not recommended as an isolated intervention, but can be employed as a non-invasive option for the treatment of diabetic neuropathic pain and/or

chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, in those applicants who have failed initially recommended conservative care, including physical therapy, exercises, oral medications, and conventional TENS unit therapy. In this case, however, there is no clear-cut evidence or statement that oral pharmaceuticals have been ineffective or are ineffectual. The applicant is using several oral pharmaceuticals, including Norco, Norflex, etc. It is not clearly stated that these medications have been failed here. It is further noted there is no evidence that a conventional TENS unit was tried here. Therefore, the request remains non-certified, on Independent Medical Review.